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TRANSACTIONS

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

THE REPORT OF THE STATE BOARD OF HEALTH.

THIRTY-EIGHTH ANNUAL SESSION---1885.

Greenville, April 14th, 15th, 16th, 17th.

MONTGOMERY, ALA.:
W. D. BROWN & CO., STEAM PRINTERS AND BOOK BINDERS.
1885.

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PREFACE.

We have the honor to submit herewith the Transactions of the Medical Association of the State of Alabama, for 1885—the 38th year of its life.

An unusual amount of care and labor has been expended in the preparation and arrangement of this volume, and it is hoped that such errors and omissions as have unavoidably escaped notice in former editions, may, in great measure, be found thoroughly revised and corrected.

A careful revision has been made of all rolls in which errors have heretofore existed, and all defects corrected as far as the committee have been enabled to obtain the necessary information for doing so.

Few can appreciate the necessary care and labor involved in the preparation of our annual volume, and the committee begs the indulgence of the Association for such errors as have been overlooked. All the crude mass of papers, remarks, &c., that go to make up this book, are read by proof, word for word; many have to be re-written. This is especially so with the annual reports from county societies, the Secretary of this Association having to re-write, and arrange almost all of them for publication, the original reports being wholly illegible—especially to the printer. This can be obviated very readily by a little more care by secretaries of county societies in getting them up.

Just here it would be well for the committee to say, parenthetically, that much of this work of preparation might also be saved them by the co-operation of contributors. They should write in a clear, legible hand, on *one side* of the sheet, in ink, and on *legal cap*, and forward their communications to the Chairman of the Committee within twenty days after the close of the session.

The Minutes of the Proceedings of this Association impress one at once with the practical and earnest character of the work done, those of the present session forming no exception to this creditable record. Therefore, the Committee submits the volume with a pardonable feeling of satisfaction in the book itself, and a justifiable pride in the substantial condition of the organization, as reflected in its pages.

T. A. MEANS, M. D.,
FRANK TIPTON, M. D.,
J. S. WEATHERLY, M. D.,
Committee of Publication.

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THE MINUTES OF THE PROCEEDINGS

OF THE

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

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THE MINUTES OF THE PROCEEDINGS.

SESSION OF 1885.

THE PROCEEDINGS OF THE FIRST DAY.

GREENVILLE, TUESDAY, APRIL 14.

The Association assembled in the City Hall at 10 o'clock, A. M., April 14.

The following Counsellors and Delegates appeared and registered:

GRAND SENIOR COUNSELLORS.

WILLIAM HENRY ABERNETHY, Sedan, Wilcox county; JEROME COCHRAN, Mobile; JOHN JEFFERSON DEMENT, Huntsville, Madison county; JOHN BROWN GASTON, Montgomery; SAMUEL MARDIS HOGAN, Union Springs, Bullock county; WALTER CLARKE JACKSON, Montgomery; EDWARD DAVIES MCDANIEL, Camden, Wilcox county; ADAM ALEXANDER MCKITTRICK, Evergreen, Conecuh county; CLIFFORD DANIEL PARKE, Selma, Dallas county; AUGUSTUS JORDAN REESE, Mobile; BENJAMIN HOGAN RIGGS, Selma, Dallas county; SAMUEL DIBBLE SEELYE, Montgomery; LUCIUS ERNEST STARR, Camden, Wilcox county; JOB SOBIESKI WEATHERLY, Montgomery—14.

SENIOR COUNSELLORS.

ROBERT HUGHES HAYES, Union Springs, Bullock county; DANIEL STILES HOPPING, Letohatchie, Lowndes county; THOMAS ALEXANDER MEANS, Montgomery; FRANCIS MARION PRINCE, Jonesboro, Jefferson county; JOHN ALBERT PRITCHETT, Hayneville, Lowndes county; WILLIAM HENRY SANDERS, Mobile; JOHN WILLIAM SEARS, Birmingham, Jefferson county; JOB THIGPEN, Greenville, Butler county; J. GRAY THOMAS, Mobile; CONRAD WALL, Forest Home, Butler county; MILTON ROIL WRIGHT, Gadsden, Etowah county—11.

JUNIOR COUNSELLORS.

ANDREW BOWIE, Benton, Lowndes county; DUDLEY SAMUEL BROCKWAY, Coatopa, Sumter county; AURELIUS GRIGSBY EMORY, Opelika, Lee county;

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CHARLES HIGGS FRANKLIN, Union Springs, Bullock county; RICHARD MATHEW FLETCHER, Madison, Madison county; JOSEPH ANDERSON GOODWIN, Jasper, Walker county; FREDERICK ELLIOTT GORDON, Mobile, Mobile county; ANDREW JAY, Evergreen, Conecuh county; CAPERS CAPEHART JONES, Snow Hill, Wilcox county; JOEL CLOUD KENDRICK, Greenville, Butler county; WILLIAM THOMAS KENDRICK, Oaky Streak, Butler county; JOHN PATRICK MUSHAT, Hayneville, Lowndes county; JAMES THOMAS SEARCY, Tuskaloosa, Tuskaloosa county; EDWARD HENRY SHOLL, Birmingham, Jefferson county; DANIEL EDGARLY SMITH, Mobile, Mobile county; POWHATAN GREEN TRENT, Rock Mills, Randolph county—16.

DELEGATES.

Bullock County Medical Society.—J. LIVINGSTON WATKINS, Union Springs.

Butler County Medical Society.—CURTIS B. HERBERT; J. BEDAR KENDRICK, Greenville.

Clarke County Medical Society.—B. S. BARNES, Suggsville; B. W. BUSH, Choctaw Corner.

Cleburne County Medical Society.—W. A. NEAL, Heflin; A. W. LIGON, Chulafinnee.

Coffee County Medical Society.—W. H. CHAPMAN, Elba.

Conecuh County Medical Society.—W. B. SHAVER, Herbert.

Coosa County Medical Society.—JULIUS JONES, Rockford.

Crenshaw County Medical Society.—A. T. BARNETT, Argus.

DeKalb County Medical Society.—E. P. NICHOLSON, Valley Head.

Elmore County Medical Society.—GEORGE C. NORRIS, Wadsworth.

Fayette County Medical Society.—H. F. MORTON, Fayette C. H.

Henry County Medical Society.—F. J. MOODY, Abbeville.

Jackson County Medical Society.—DAVID A. PADGETT, Fackler.

Jefferson County Medical Society.—BRICE M. HUGHES; CHARLES WHELAN, Birmingham.

Lamar County Medical Society.—MARTIN W. MORTON, Vernon.

Lowndes County Medical Society.—SAMUEL J. DILBURN, Bragg's; W. C. WEAVER, Fort Deposit.

Macon County Medical Society.—H. A. ALEXANDER, Tuskegee.

Mobile County Medical Society.—J. B. HAMILTON; HENRY T. INGE, Mobile.

Monroe County Medical Society.—G. WALTER GAILLARD, Perdue Hill; JAS. T. PACKER, Monroeville.

Montgomery County Medical Society.—B. R. PEARSON, Montgomery.

Morgan County Medical Society.—J. B. WEST, Cedar Plains.

Perry County Medical Society.—JAMES M. SADLER, Uniontown.

Pike County Medical Society.—WILLIAM A. CROSSLEY, Troy.

Randolph County Medical Society.—C. B. TAYLOR, Rock Mills.

Shelby County Medical Society.—WILLIAM B. MEREDITH, Montevallo.

St. Clair County Medical Society.—JOHN W. ASH, Beaver Valley.

Sumter County Medical Society.—A. L. VAUGHN, Cuba.

Tallapoosa County Medical Society.—R. V. SALMON, Dadeville.

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Tuskaloosa County Medical Society.—B. LEON WYMAN, Tuskaloosa.
Wilcox County Medical Society.—DAVID ADAMS, Pine Apple.

Thirty counties represented by thirty-seven delegates.

The counties of Autauga, Barbour, Bibb, Blount, Calhoun, Chambers, Hale, Lawrence, Limestone and Pickens failed in representation, but rendered their reports.

The counties of Chilton, Choctaw and Colbert failed both in representation and reports.

The following Health Officers were present:

Bragg, Shirley, Hayneville, Lowndes County Medical Society.
Cross, Benjamin Franklin, Decatur, Morgan County Medical Society.
Franklin, Charles Higgs, Union Springs, Bullock County Medical Society
Meredith, William B., Montevallo, Shelby County Medical Society.
McKittrick, Adam Alex., Evergreen, Conecuh County Medical Society.
McMillan, W. W., Greendale, Monroe County Medical Society.
Neal, William A., Heflin, Cleburne County Medical Society.
Norris, George C., Wadsworth, Elmore County Medical Society.
Pearson, Benj. R., Montgomery, Montgomery County Medical Society.
Thigpen, Job, Greenville, Butler County Medical Society.
Winn, Henry J., Birmingham, Jefferson County Medical Society.

The following physicians were present and registered as visitors:

Allman, James E., Georgiana, Butler county.
Baldwin, Benj. James, Montgomery, Montgomery county.
Barcliff, William A., Hartsell, Morgan county.
Carr, G. W. L., Fort Deposit, Lowndes county.
Chapman, James S., Evergreen, Conecuh county.
Donald, J. G., Monterey, Butler county.
Eiland, William A., Henderson, Pike county.
Harlan, John J., Hackneyville, Tallapoosa county.
Henley, Albert T., Birmingham, Jefferson county.
Jones, D. D., Fort Deposit, Lowndes county.
McCane, J. J., Greenville, Butler county.
Moon, William Henry, Goodwater, Coosa county.
Pendrey, John F., Rose Hill, Covington county.
Smith, Robert Edward, Greenville, Butler county.
Williamson, James A., Flomaton, Escambia county.
Wright, H., New York—16.

Grand Senior Counsellors—14; Senior Counsellors—11; Junior Counsel-

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lors –16; Delegates—37; Health Officers--11; Visiting Physicians—16; Total—107.

Drs. John J. Dement of Huntsville, Edward D. McDaniel of Camden, Clifford D. Parke of Selma, Job S. Weatherley of Montgomery, ex-presidents of the Association, occupied seats on the rostrum to the right and left of the president.

Ex-President John B. Gaston, M. D., of Montgomery, was present only on the last day of the session.

There were present of the Board of Censors and Committee of Public Health: Drs. Jerome Cochran, Senior Censor, Mobile; John J. Dement, Huntsville; William H. Sanders, Mobile; Samuel D. Seelye, Montgomery; Job S. Weatherley, Montgomery.

The Association was called to order by the President, Dr. Benjamin H. Riggs of Selma, at 12 o'clock noon.

The exercises were opened with prayer by the Rev. C. P. Fountain, pastor of the Baptist church.

After which Dr. J. Bedar Kendrick, President of the Butler county Medical Society, in behalf of its membership and of the Committee of Arrangements, delivered the following

ADDRESS OF WELCOME.

Mr. President, and Gentlemen of the Medical Association of the State of Alabama:

In behalf of the Butler County Medical Society, it becomes my pleasant duty to welcome you to the town of Greenville. Believe me, gentlemen, we admit you gladly. The presence of no body of representatives could be more pleasing to our citizens. We are in full sympathy with the spirit and intent of the American Medical Association and most heartily do we endorse the Medical Association of the State of Alabama.

There is no higher or nobler work in life than an effort to relieve human suffering. Ministering to the ills and diseases that overburden humanity, and carrying relief to the sick and afflicted, is indeed the greatest work of the philanthropist.

Your lives are peculiarly devoted to a work of benevolence. Every effort of the doctor is devoted to the promotion of the welfare and happiness of man. Day after day you stand guard over the lives of humanity and night after night keep vigil over the destinies of mankind. As sentinels on the watchtower of science you guard man from every pestilence, from the minutest micro-organism that induces diseases to the most malignant contagion that infests our land.

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Would that our countrymen could appreciate this fact, then would all opposition to our organization vanish speedier than the frosts of morn before the rising sun.

Unless the doctor is consulted or the work of sanitation is left entirely with him, we need not be surprised to see unwholesome sanitary regulations and a quarantine managed so as to scatter contagion all over our land.

But the people will awake. The time is not far distant when every man's hands will be full with his own business and specialists will govern departments.

Then push forward in your grand work, for as sure as rewards cleave to deserts the doctor will be a potent factor in our commonwealth, and our medical associations will have a permanent recognition in our State and National governments.

Again, gentlemen, as the greatest benefactors of men, I welcome you to our city, and hope your stay in our midst will be both pleasant and profitable.

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THE ANNUAL MESSAGE OF THE PRESIDENT,

BENJAMIN HOGAN RIGGS, M. D., SELMA, ALABAMA.

Grand Senior Counsellor; Member of the Board of Censors, and Committee of Public Health.

Gentlemen of the Medical Association
of the State of Alabama:

I extend to you my congratulations on being permitted again to assemble in annual convention.

One year has elapsed since this body last convened. Many who were present at that session meet again here to-day; but, in the course of events, it has become necessary that some be absent.

One year is but a short space in the procession of the cycles of time; but a mere microscopic speck, perhaps, in the sum of time. It may be that this world, on which we live, has whirled on its axis for six thousand years; or it may be that six millions of years have witnessed its revolutions; or it may be that sixty millions of years have attended its flight among the planets of the universe! What an insignificant period, then, is one year in all this record of time!

But to man, whose horizon of life is bounded by the limits of "three score years and ten," one year is full of great possibilities. It is an important epoch in the journey of life, which, when past, gives a retrospection whose experience teaches lessons of wisdom. The year now closing has been one of more than usual importance in the history of this great nation—in the history of this Association—and, doubtless, in the individual history of some of her members.

A great political revolution has been peacefully accom-

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plished, and the American States have shown how fifty-six millions of people calmly submit to the rule of the majority, even though that majority be but eleven hundred! Long may such love of country rule our people.

And the patient fortitude of the citizens of the "United South" has reaped its reward! Verily, "he that ruleth his spirit is greater than he that taketh a city." And the victories of peace are more illustrious than those of war. Patiently, for twenty hard years, even when no shimmer of hope illumined the gloom, and gladness had no place in our hearts, united and resolute, our Southern people endured and struggled, and struggled and endured, until political triumph came at last! Through all this suffering and all this oppression, ever sounding and never changing, and at last bursting forth in loud peals of victory, may be heard the refrain, "in union there is strength!" This is the lesson for the Medical Association of the State of Alabama to learn from the political experience and the tardy political triumph of their beloved fellow-countrymen. It is but the re-echo of the never changing tone that sounds through all the history of the past. "In union there is strength," is taught by the rise of empires and the triumphs of armies. Disappointed schemes, wasted cities, disastrous failures, routed armies, and waning nationalities, negatively teach the same great truth. I can not, at this time, too earnestly impress upon the physicians of Alabama, the great importance of unity of action and unity of purpose.

But, gentlemen, the year just past has not only its great lessons for us, its private joys and sorrows, but it also has brought grief to us as an Association. Like Rachel of old, she weeps "over her children because they are not." Death has again taken from us some valued members. Among them are two who were present at our re-organization in 1868, at Selma, and who, for nearly every year since, have attended our annual conventions, being seen, heard and loved by all. Francis Armstrong Ross, and Edmund Pendleton Gaines, both of Mobile, will meet with us no more to

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guide us by their wise counsel, to instruct us with their ample experience, and to cheer us with eloquence and humor. Truly, has the old city by the Gulf been sorely afflicted in the loss of her medical men. But the loss is also that of the whole profession of the State. Both were men whom this Association loved to honor; both have held the office of President; both had been members of the Board of Censors; both were Grand Senior Counsellors; both were always ready to do anything in her behalf.

Young men, prepare to assume the burdens being annually put off by your worthy seniors, who have endured the toil and withstood the fight, until crowned with honors and with years, they sink to rest, followed by the praises of their bereaved fellow-citizens.

Francis Armstrong Ross was born at St. Stephens, Alabama, in the month of February, 1821. He was partially educated at Spring Hill College, near Mobile, and thence went to the University of Virginia. After graduating in this institution of learning he returned to Mobile and studied medicine under the late Henry S. LeVert, M. D. He attended lectures in the medical department of the University of Pennsylvania, Philadelphia, and after graduating with distinction, returned to Mobile to practice his profession. When war was declared against Mexico he was appointed Medical Director on the staff of General Pierce Butler of South Carolina. After peace was declared he returned to Mobile and resumed the practice of his profession. When the late war between the States began he patriotically again gave his service to his State, though then actively engaged in the practice, and arrived at the meridian of life, and received the appointment of Medical Director of the Department of the Gulf.

Dr. Ross discharged every trust imposed on him with fidelity and distinguished ability. Since the war he has been constantly engaged in the practice of his profession in the city of Mobile. His death was deeply felt by the community in which he lived so many years.

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And, as is always the case with the true physician, his great goodness and benevolence was fully appreciated by all classes, and was freely testified by the sorrow of the poor who mourned his death.

Of Edmund Pendleton Gaines, M. D., the Mobile *Register* of December 9, 1884, speaks as follows:

DEATH OF DR. E. P. GAINES.

Sunday night at a few minutes after eleven o'clock, died one of the best and most beloved citizens, Dr. Edmund Pendleton Gaines, a man who for thirty-six years has gone in and out among the people of this community and leaves behind him a reputation for brilliancy of intellect, persistency of purpose, uprightness of conduct, and purity of heart, which all who contemplate it may justly envy.

He was born in St. Stephens, Washington county, Alabama, October 31, 1824, and came to Mobile for his early education. He studied in the office of Dr. Fearn. He afterwards went to Philadelphia, where he continued his studies at the University of Pennsylvania, and graduated in 1845. Being then in his twenty-first year, he returned to Alabama and began to practice medicine in Choctaw county, where he continued and met with very encouraging success until 1848, when he decided to seek a wider field and came to Mobile. He opened an office with Dr. Goronwy Owen in Toulminville, and labored there four years before moving into the city. He remained here from that time to the present, with the exception of a period during the early years of the war when he had charge of the Alabama Hospital at Richmond, Virginia, an institution presided over by Mrs. A. F. Hopkins. His health failed him before the close of the civil contest, and he was forced to return to Mobile, where, later, he resumed his partnership with Dr. Owen, which was not afterwards dissolved except by his death.

Dr. Gaines married early in life Miss Mary Toulmin, daughter of Gen. T. L. Toulmin, by whom he had two children, one a son who died in infancy, and the other a daughter, the wife of Judge O. J. Semmes.

It is remarkable to note that for more than thirty years Dr. Gaines was at no time in good health. He contracted the lung disease in the fifties and suffered from it very severely for many years. His experiments and studies in his efforts to eradicate the disease from his system, gave him a remarkable insight into the methods of meeting the attacks of the same disease upon others, and, having first cured himself, or at least stopped the progress of the disease, he gave much of his attention to consumptive patients, who came to him in great numbers, and for whose relief he labored with a success which was truly regarded as a phenomenal. Many cases are cited where his skill in diagnosis and treatment of this dread disease effected permanent cure, while to all who came to him he gave such assistance as very soon marked him a physician of eminent rank, and spread his fame beyond the limits of this locality.

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Although for many years ill himself, and in his later days a sufferer from kidney troubles—by the effects of which his life was cut short—he could not for any length of time be driven from his chosen field of activity He practiced medicine for the love of it as a profession, and his delight was in rendering his services, whether to the rich or the poor. He was the friend and counselor of all alike, displaying the same conscientious pains in alleviating the sufferings of the sick babe of the impoverished widow as those of the darling of the most aristocratic parents. In all homes he came as the Good Samaritan, making the troubles of the people his own, and smiling only when success crowned his efforts and brought joy to the hearts of the anxious persons around the bed-side of the sufferer. The practical, money-eyed reward was to him of no moment whatever; he was the same to every one, loving, cheering, kindly-spoken at all times, and hundreds will testify that his services were freely given to the orphan, to the widow and to all who called upon him for help. He was, in truth, the ideal physician, whose deeds are beyond the power of the pen fitly to describe.

No gloomy, pompous man was he. No, his mind was of that character which could weigh well the mighty problems of life and death, but could at the same time amuse itself with the lightest and brightest thoughts which float like dust in the intellectual atmosphere. He brought with him everywhere the keenest wit, the brilliant reply, the caustic argument, with which speech is made to sparkle, and thought is given its direction and point; but his tongue was ruled in kindness, his thoughts were innocent of harm, and his barbes amused and entertained all, and hurt no one. Not alone in the path of daily service was this cheerfulness exercised, but in all avenues of social life. He was welcomed everywhere; no gathering was entirely complete without the presence of Dr. Gaines, and in his days of better health no feast was considered thoroughly enjoyable unless the dear doctor was seated at the board. In those happy days when Livingston vied in wit with his dear friend, those who were so fortunate as to be present, enjoyed such conversations as are not equaled in later times. In general society he was original in manner, happy in dialogue and instructive upon all subjects of which he chose to speak. He took that deep interest in the personal affairs of his friends which made him at all times the most agreeable associate. He was a rare man for conversation, and rarest of all, he was an excellent listener. In fact, his social success deserves as much comment almost as does his achievements in the medical world.

He was highly honored by the fellow-members of his profession. From his entrance into practice, he was a member of the Mobile Medical Society, of which organization, as well as of the Alabama State Medical Association, he was at one time president. He was for many years an efficient member of the Board of Health, and he served also for a time upon the School Board as one of the commissioners. Eminent services, also, were rendered by him in the lecture room of the Alabama Medical College, where, for many years, and up to the time of his death, he was Professor of Physical Diagnosis and Clinical Medicine. He continued his lectures until a week ago, when, while lecturing, he felt the pain of this last and fatal attack.

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From that moment until the hour of death, his bedside was faithfully watched by dear friends, who did all possible to make his latter end one of peace. His death brings a feeling of anguish to many hearts, and the house where his remains now lie has been thronged since early yesterday morning by numbers of people who have come to testify their love for the memory of the good doctor.

There is a word or two to add: Dr. Gaines took a lively interest in the cause of the people against the rulers of ten years ago. His was a nature which felt greatly the pain of his fellow men and purely out of love of his race and a desire for the return of personal liberty, he interested himself in politics. He was a warm Democrat—warm in his actions and words and giving encouragement to efforts directed toward the enfranchisement of the populace. He sought no reward, desired no office, and when the victory was gained, retired to the sanctity of his profession, whence he was never again attracted.

He was in life a faithful member and communicant of the Trinity Episcopal church, from which edifice the funeral will take place to-day (Tuesday) at noon.

Editorially, of the same date, the following language is used in the same paper:

DOCTOR E. P. GAINES.

Among the varied relationships of life, few are closer than those existing between the family and the family physician. He is not only the conservator of health, the soother of suffering, the victor over disease, but he is the true and tried friend. With him are associated memories of every epoch of the family's life. He is within the sacred circle of home affection. Often it happens that he has seen every offspring of the parent stem grow from childhood to youth, and from youth to manhood and womanhood. Often, also, it has been his sad duty to stand by the bedside of the little one whom even his skill could not save, and to mingle his own tears with those of his friends, the sorrowing parents. It is a grand profession to those who fully realize its responsibilities, for it is a profession that calls not only for greatest skill, but also for deepest sympathy.

There is sorrow in many homes in Mobile to-day. The kind and sympathizing friend of years, the tried and trusted physician, is no more. A life of personal suffering, devoted to alleviating the suffering of others, has come to an end, and Dr. Edmund Pendleton Gaines will now live among us only in memory.

That his memory will long endure, none can doubt. He will be missed not only in the family circle, but also in the community at large. Public-spirited, whole-souled, large-hearted and benevolent, it is not surprising that he was greatly beloved by our people. He was as open as the day, and as true to his convictions of duty as the needle to the pole.

He will be missed by the profession of which he was an honored member.

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The great destroyer has within the past year stricken down two of the best known of the medical fraternity; and now to the names of Fournier and Ross must be added that of Gaines. The arrows that they had turned from others at last found point in their own bosoms.

Like many of the noble profession of which he was a member, Dr Gaines was good to the poor. The amount of benevolent work done by physicians is not fully realized by the general public. If it was, many of the hackneyed jokes at the profession would be consigned to the oblivion which they deserve. Of this benevolent work, Dr. Gaines did his full share—more than his share, we may say, and to-day he is mourned by those who have been the beneficiaries of his self-sacrificing efforts.

It is an inspiring thing to see human fortitude rising superior to human misfortune; it is also inspiring to see human will, human devotion to duty, rising superior to human weakness and suffering. For years Dr. Gaines was a confirmed invalid. Time and again he stood almost on the threshold of death, and gazed into the face of the grim destroyer; but resolutely, firmly, calmly, he turned to the duties of life. He had a mission to accomplish—a mission to the sick, the sorrowing, and the suffering. Even death was powerless—stayed, shall we not say?—by Divine power till this mission had borne the heat and burden of years of earnest effort.

And so we bid the true man, the tried physician, the honest citizen, farewell. His life has accomplished far more of good than many of those of the so-called great ones of the earth, and his memory shall long live among us.

Next day, December 10, the same paper contained an account of the funeral, which from size and evidence of popular appreciation, was worthy of the greatest and noblest in the land. There was a spontaneous outpouring of the people of all classes and stations, constituting a large crowd, and those mute but eloquent emblems of love and purity, flowers, were presented in the amplest profusion. The floral decorations at Trinity church were a marvel of design and in greatest abundance.

At Easter last there was a beautiful memorial erected in Trinity church as a permanent tribute to the memory of this "good physician," which is intended to stand there as a perpetual reminder of the high esteem in which he was held by those who knew him best and loved him most.

It will be observed that both Drs. Ross and Gaines were natives of old St. Stephens, Alabama, the old historic settlement on the Tombigbee. Both practiced their profession long and laboriously in Mobile. Both died compara-

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tively poor, but honored and popular with all classes of the community. Verily, the good physician "is poor, but maketh many rich."

I have dwelt thus at length upon the lives of these two distinguished physicians, not without a purpose, but rather in response to a settled principle to honor our dead, to honor our profession, to honor and dignify ourselves, that others may honor and respect us. What a perfect and manly character is that of the true physician! The good physician and the good surgeon, as expressed by the Archbishop of Canterbury, "should possess courage, and presence of mind, deep sympathy, perfect candor, simple manners, and pure moral feeling, and if over all there was shed the light of God they would have in the man who possessed them one who was qualified alike to work and to teach."

Does not this picture portray the noblest type of manhood and of humanity? Who greater than this man? Such should be the model and aim of us all.

The annual messages of the presidents have heretofore been somewhat perverted from the constitutional requirements of such papers. Art. 27 of the constitution says: "He (the President) shall submit to the Association at every annual session, an annual message, devoted to the discussion of the interests, objects and business of the Association, * * * and not to the scientific discussion of some subject belonging to practical medicine or public hygiene, considered as departments of human knowledge."—Page 35, Book of the Rules, (1).

I shall strictly adhere to this definition of the scope of the annual message, slightly inverting the order of the discussion.

THE BUSINESS OF THE ASSOCIATION.

There being a vacancy in the Publishing Committee, it became necessary to appoint a new member. On May 1st, Dr. Benjamin James Baldwin, of Montgomery, consented to serve as a member. On March 10th, current year, Dr. Bald-

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win sent in his resignation as a member of the committee and I appointed in his place Dr. Frank Tipton, of Selma, a Counsellor of the Association from Dallas county, as I regarded Selma as near enough to Montgomery to aid in the work devolving upon this committee. The printing being done in Montgomery by W. D. Brown & Co., it has been the custom to appoint all the members of this committee from among the physicians of Montgomery for convenience of consultation in supervising the work. This committee has a good deal of work to do, and last year there was more than usual. They published that year a large and handsome volume of 676 pages, bound in cloth. Eight hundred (850) and fifty copies were issued at a cost of fifteen hundred and thirty-three ($1,533.40) dollars and forty cents. Owing to unavoidable delays the volumes of Transactions were not ready for distribution until the 2d of October, the delay being mainly, I am informed, in the printing house. It is to be hoped that such delay will not again occur, as the issue of our annual volume is anxiously watched for by members of the association, and should be in our hands by August each year, at the latest. To expedite this work every one who reads papers at our annual sessions should have them in shape for the printer, and should turn them over to our Secretary at once. And every one who takes part in the Omnibus Discussion should promptly write out his remarks and forward them to the same officer.

Our volume of proceedings reflect credit upon the association, and serve to spread her reputation. It is superior in size, style, contents and cost to that of any other State, so far as I am aware. The Publishing Committee deserve thanks for the way in which they discharge their laborious and thankless duty.

The subject of a medical journal, published under the auspices of this association, has several times received the attention of our conventions; and it may be well for us to consider whether it would not be well to publish a monthly journal containing our reports and proceedings in the place

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of such a large and expensive volume of annual transactions.

Early in April last I appointed Dr. Conrad Wall, of Forest Home, Butler county, to the position of Leader of the Omnibus Discussion for this session. He, while disclaiming special fitness for the position, like a faithful member of the association, shrank not from any duty imposed upon him. The Omnibus Discussion is capable of being made very useful and instructive to us, and should be participated in by all, in brief statements of the results of their practical experience.

I appointed, in April last, as required by the Constitution, delegates to the approaching annual session of the American Medical Association, to be held in Washington, D. C., in the May following, from among those who expressed a willingness to attend. These were William A. Mitchell, M. D., of Eufaula, Augustus J. Reese, M. D., of Mobile, C. H. Franklin, M. D., of Union Springs, and Jerome Cochrane, M. D., State Health Officer.

About the first of June last I transmitted to the Vice-President of this Association, a copy of the plan proposed at the last session "of utilizing the Vice-President." It is proposed that they shall no longer be entitled to be designated as their "Superfluous Highnesses," but should take active and especial interest in supervising the work of county societies, and consider it their especial duty to further the organization of societies in counties in which there were none. There were found to be forty-seven (47) counties organized into societies, and eighteen (18) counties in which there were none. I divided these forty-seven (47) local societies between the two Vice-Presidents as evenly as I could, giving one twenty-four (24) societies and the other twenty-three (23). And the eighteen unorganized counties I divided equally between the two, giving nine (9) to each. The Vice-Presidents are expected to make a written report of the results of their work in this new direction at this session of the Association. The eighteen unorganized counties at that time were Baldwin, Cherokee, Clarke, Clay,

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Coffee, Cullman, Dale, DeKalb, Escambia, Franklin, Geneva, Lauderdale, Marion, Marshall, Russell, Talladega, Washington and Winston. These counties contain, according to the United States Census of 1880, a total population of only 61,233 persons, or an average of only 6,800 persons to the county. The population is thus widely scattered, and the physicians in these counties are necessarily few in number and remote from each other.

Early in May last I received notice of a "conference of representatives from the Boards of Health of the States of Florida, Alabama, Mississippi, Texas and Louisiana, for the purpose of bringing said boards into harmony; and, if possible, to devise and recommend improvements in the system of quarantine in use along the Gulf Coast, such conference to be held in the city of New Orleans, on Monday, June 2, 1884." Signed by Joseph Holt, M. D., President Board of Health, State of Lousiana. I appointed as delegates to this conference Dr. Geo. A. Ketchum, of Mobile, member of the committee of Public Health, and Dr. Jerome Cochran, State Health Officer and chairman of the same committee. It would be no doubt both instructive and entertaining for these gentlemen to make a report of the result of this conference to this meeting of our State Association. The question they had under discussion is one that greatly concerns us also as the custodian of the health interests of the people of the State of Alabama.

As required by the Constitution I appointed a full list of regular reporters for this session, and endeavored to distribute them through different portions of the State, being controlled by a willingness to serve on the part of those selected.

Three special committees were appointed to report at this session: (1) On color-blindness, Dr. Edward H. Sholl, chairman; (2) on Dr. Chas. Whelan's paper, read at the last convention, Dr. Francis M. Peterson, chairman; (3) on the Ethical Relations between physicians and druggists, Dr. Sholl, chairman.

Three amendments to the Constitution were offered at

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the last session of the association and will come up for action by this convention:

(1) Proposes to lengthen the term of office of the President to three years instead of one as now.

(2) Proposes to make the term of office of the Vice-Presidents two years instead of one as now, but so arranged that one vacancy will occur annually by expiration of official term.

(3) Proposes to make the President eligible for two successive terms, which is not now the case.

I bespeak the thoughtful attention of the members of the convention to these proposed amendments. At first I was not disposed to favor them on the ground of a general distribution of honors as much as possible and the practice of "rotation in office." But there are no dangers of centralization of despotic power in a medical association, neither is it well to distribute honors where not merited. When one fully realizes the large and regularly increasing size of this associatian, the voluminous character of its Code of Ordinances, its complex duties to the medical profession and to the people of the State as assumed by it and as put upon it by the General Assembly of the State, one can readily see some wisdom in these amendments. It takes about a year for the President to become fully versed in the duties of his office; his usefulness should be continued, if desirable, by a lengthened term of service; furthermore, if the association finds a person especially fitted for this office whom they may wish to retain in it they should have the power to do so. Our association as a State Board of Health has grave and important duties to attend to, and is being closely watched by many persons in the State, inside and outside the medical ranks, and some with a decidedly unfriendly eye, and it is important to have able and experienced officers to fill all positions of prominence and trust. Our Censors, Secretary, Treasurer and State Health officer, are elected for five years, and it also seems well, to me, to prolong the term of office of the Presidents and Vice-Presidents, and to make them eligible for re-election.

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OBJECTS.

The objects which the Association adopted for itself at Tuskaloosa in 1873, and by which it has steadily shaped its legislation ever since, are clearly and succinctly stated on page 6, Book of the Rules, as follows: "The objects of this Association shall be to organize the Medical profession of the State in the most efficient manner possible. To encourage a high standard of medical education, and regulate the qualifications of practitioners of medicine in the State. To promote professional brotherhood, and encourage a high standard of professional ethics. To combine the influence of all the medical men in the State, so as to secure by legislative enactments their own legitimate rights and privileges, and the protection of the people against all medical ignorance and dishonesty. To encourage the study of the medical botany, medical topography, and medical climatology of the State. To secure careful and reliable accounts of all the endemic and epidemic diseases of the State. In a word, to watch over, and protect, encourage and aggrandize all the interests of the medical profession of the State."

In reading over this "bill of rights," as it were, of the Medical Association, it impresses me as worthy of great admiration, and as calling for the earnest support of every doctor in Alabama. How noble, and admirable, and perfectly unexceptionable are these "objects!" This brief statement, in forcible and classic language, of the objects of our Association is the key to the work which has been slowly, but steadily maturing for the last twelve years; slowly, but progressively maturing, without faltering, or a backward step for the last twelve years. All the Ordinances, Acts and Regulations, with the accompanying Commentaries and Precepts, which compose the "Book of the Rules," and which has constituted the bulk of the work done annually by our conventions, have been due to the effort to give point and shape to these objects. How well have we succeeded? I say, wonderfully well.

The more one studies the plan and scope of our organic acts

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the more one is impressed with the symmetry and integrity of the whole, and its elevated moral tone. Perhaps the one great defect in this practical age, is the unpaid nature of most of the work planned, but this is truly "an amiable weakness," and may be corrected in course of time, if we faint not by the wayside and desert our standard ere full fruition comes. In order to keep constantly in mind our plan of work, the "Book of the Rules" should be read over at least twice a year by every member of this Association.

The first object, "to organize the medical profession of the State," has been successful to a phenomenal degree. Seventeen years ago we embraced only five county societies, with about a hundred members, and a very imperfect constitution or plan of organization. Now we have an original, complete and high-planed plan of organization, with, in 1884 forty-seven (47) subordinate societies, in forty-seven (47) different counties, embracing a membership of seven hundred and twenty-six (726) physicians. This embraces nearly two ($^2/_3$) thirds of all the physicians practicing in these counties, there being in all eleven hundred (1154) and fifty four, and thirty-two of these being classed irregulars, and therefore, not allowed to affiliate with us. These forty-seven counties represent all the population of the State, except 220,389, according to the census of 1880.

There will probably be more county societies admitted to affiliation at this session, and the work of organizing should not stop until it includes every available county in the State. Verily, we are successful on this head.

(2). "To encourage a high standard of medical education and regulate the qualifications of practioners," etc. Truly, our success has been surprising in this respect, as will be shown under heading four (4), herewith accompanying. We should be jeolously watchful that we lose none of our success attained in these two great directions.

(3). "To promote professional brotherhood, and encourage a high standard of professional ethics," has also been steadily kept in view in our constitutional evolution. We endeavor to make every member of the Association attached

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to its interests by rewards, honors and decorations the result of merit and eminent distinction.

And as for "a high standard of professional ethics," we not only have adopted the pure and elevating Code of the American Medical Association, but have added to it five or six additional counts under the head of "The Ethical Ordinances of the Association," to be found on pages 159 and 160 of the Book of the Rules.

(4). "To secure our rights and privileges by legislative enactments, and to protect the people of the State against ignorance and quackery." How unparalleled was our success in this respect?

(5). "To encourage the study of the medical botany, climatology," etc., is the source and object of the institution of our Regular Reporters at each annual session. These gentlemen annually discharge this duty in a way that is worthy of praise. As yet but little attention has been paid to the study of the medical botany of the State.

I will now consider in detail some of our plans for "securing our rights and privileges," and protecting the people against quackery and ignorance."

The ordinance requiring a preliminary examination of all those who propose to begin the study of medicine is, in my opinion, founded in great wisdom, and should receive the earnest support of every member of this Association. So far as I know our Association is the only one in the Union which has any such regulation. But we are, again, only a little in advance of the times. All old nationalties have by experience solved this problem and adopted regulations of a similar character. We, in the United States, are struggling also for some general rule on this head. At the last annual session of the American Medical Association, two sets of resolutions, from different sections of the country, were introduced in the effort to supply this need. It is a subject which will receive the attention of that body every year to come until something definite is arrived at. The American Academy of Medicine, which requires that its members be possessed of the collegiate degree of A. M., is

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the product of this necessity. Our Association is only a little in advance on this subject, as it was and is on others; other States will follow; let us see that we do not turn backward. Is it not indeed "rash and presumptuous for any one to undertake, without reasonable preparation, the acquisition of a complexus of sciences of such difficulty and importance as those that compose the curriculum of medicine?"—Book of the Rules, p. 78. "The uses of a preliminary education to medical study, are: 1st. Those which are common to all departments of intellectual labor, and are fitted to discipline the mental faculties so as to prepare them for profitable study, and their right exercise in the process of observation, discrimination, analysis, deduction, and reason. And, 2nd. Those which will store the mind with sufficient knowledge of the branches of science and learning that are cognate with, and essentially preparative to those that especially pertain to the medical profession."

"No one who estimates properly the profound and intricate subjects of medical study, can doubt the indispensable necessity of bringing to its contemplation vigorous minds, sharpened by habits of nice perception, careful observation, patient, untiring investigation, absorbing abstraction and concentration, a calm and imperturbable judgment, and a conscientious devotion to truth. There is no profession whose pursuit requires greater maturity or more systematic method; none in the preparation for which there is greater need for the culture best fitted to develop these indispensable qualities."—Report on preliminary education, presented to the American Medical Association, May, 1884.

Are doctors so few in number, and the demand so greatly in excess of the supply, that we should make easier the access to the doctorate? Not at all. There may be some places in the country, in the State of Alabama, where the people wish more doctors, but it is because they do not support a doctor decently, or at all. The *Medical Record* for last year says: "There are fourteen chartered medical schools in the State of New York, graduating annually eleven or twelve hundred students. Some of these many

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mills must be small, and can grind out, from the screenings of the others, dangerous and disgraceful doctors, who, as blacksmiths, would be safe members of society." And what is true of New York applies to nearly every State in the Union; for there are one hundred and twenty-three medical colleges in the United States. "Atlanta turned out thirty-eight new doctors last Monday night at the medical college commencement," says the Montgomery *Advertiser* of March 4th, 1885. The following article from the New York Times of a few years ago, contains much food for reflection. It is entitled

"AN ARMY OF PHYSICIANS."

The remarkable number of the graduating class of the medical department of the University of the City of New York—two hundred and thirteen in all, although twenty-six failed to pass examination, and less than two hundred actually received diplomas—recalls the question so often asked by the advocates of a higher standard of medical education. What is to be done with the army of newly-fledged physicians annually turned out by our medical schools? Professor Pepper, of the University of Pennsylvania, demonstrated by statistics, several years ago, that the ratio of physicians to general population in the United States had already attained the extraordinary disproportion of one to six hundred. This ratio has certainly increased, rather than diminished, since Professor Pepper collated the figures, and is now probably as high as one to five hundred and fifty—possibly as high as one to five hundred. The permanent ratio per one thousand of the sick and in need of medical attendance amounts to from eighteen to twenty-two; probably, taking the whole population of the United States, twenty per one thousand would be a fair estimate, embracing pauper patients in addition to those able to pay for medical services. An average of from eight to ten patients is, therefore, statistically speaking, all that the ordinary medical practitioner has to depend upon for income in this country.

The standard of our preliminary examination is not very exalted, and embraces merely the elements of a common school education. The New Jersey plan requires that all medical students be university graduates before being allowed to begin the study of medicine. We are not ready for this yet; but I can see no harm in it. I do not believe there can possibly be any harm done by that thorough

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training to see, to hear, and to think rightly which should accompany a knowledge of "the learning of the schools."

I now approach the consideration of an act which has infused more interest in our work and given us more power than any medical organization ever had up to the date of its passage by the General Assembly—the Illinois State Medical Society has been since endowed with even more power in a general way—an act which has given origin to the phrase, "legalized medicine." I mean the act "To regulate the practice of medicine in the State of Alabama," approved February 9, 1877. This act gives the Medical Association of the State supervising control over the graduates of medical colleges. It is a wise measure; for, as Dr. A. M. Wilder, of San Francisco, California, says:

> In our country, under the existing form of government, there can never be any limit placed *by law* upon the number of medical schools that shall graduate students. Neither can there be any uniform standard of requirements for such graduation enforced. We must face these facts; no logic, no reasoning, no anything, will change them. The consequence is that our entire country is flooded with graduated doctors, good, bad and indifferent, but in swarms and multitudes. I am not taking into account the armies of quacks.

This act is to us a source of great power, and should be vigilantly guarded. It is also a great protection to the people of the State; but the people are slow to appreciate it. Some people are so thoughtless and liberal that they contend that the people are the best judges whom they need, and have the right to send for whom they please. So distinguished a person as Professor Huxley, in his lecture on "State Intervention in Medicine," last year, at the London Hospital, "ridiculed the idea of the State protecting persons from quacks. No matter what laws there were, there would always be people who would be ready to be humbugged, and there would be quacks ready to humbug them." There is truth in that, but that is no reason why we should not thin them out as much as possible. So there will always be very many foolish and vicious people in the world, and it will always be a problem how best to deal with such.

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This feeling on the part of some of our people of an active and aggressive turn, combined with the disaffected in our own ranks, and the vindictive jealousy of the few irregulars in the State, will doubtless cause efforts to be made at each session of our Legislature to repeal, amend, or in some way modify this great privilege and power that has been bestowed upon this Association. Many people like change.

"And moreover, there seems to be an innate element in human nature in medical and sanitary matters, judging by England's experience, to take three steps forward and two steps backwards."—Billings.

A question as to the constitutionality of this act has arisen in the minds of some. But the question has been before several States Supreme Courts, and they have invariably decided the "law to regulate" to be "constitutional and valid." The ground of objection is that these acts are inconsistent with article 10 of amendments to the Constitution of the United States and to section 1 of article 14, of the same amendments, as well as to sections in the "bill of rights," which are more or less common to the Constitutions of all the States.

Perhaps the strongest paragraph out of a number explaining these provisions is the following: "Every wanton and careless restraint of the subject, whether practiced by a monarch, a nobility or a popular assembly, is, to a degree, a tyranny; nay, even laws themselves, whether made with or without our consent, if they regulate and constrain our conduct in matters of mere indifference, without a good end in view, are regulations destructive of liberty." But the courts have ruled that the laws regulating the practice of medicine are no violations of such principles. The legislature of any State has a perfect right, under its general police power, to pass laws placing individuals under restraint in the exercise of any calling, business, or profession, and has frequently exercised this right. In accordance with this right laws have been made to license bakers and sellers of poisonous medicines and of intoxicating drinks, and the practice of law has been thus regulated in every State, and the same

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principles apply to the regulation of the practice of medicine. The Missouri State Board of Health has had much trouble in enforcing her "act to regulate;" but by reference to page 36, editorial, of the St. Louis Courier of Medicine for January, 1885, we find the following language: "We are glad to know that the supreme court of the State has recently rendered a decision which very fully sustains the authority of the State Board of Health and establishes the principle that the board of health has the authority to determine the standing of the different medical schools of this and other States, and also to decide upon the professional character of individual practitioners." This decision is like one made on our own act, it applies so well to our purpose. Judge T. A. Sherwood, who gave the decision of the court, said that, "the purpose of that statute, its central and dominant idea," was "that the legislature, so far as legislation could be made effectual, was determined to provide for the sanitary welfare of the people of this State, and to rid this commonwealth of that class of medical pretenders known by the various designations of empirics, mountebanks, charlatans and quacks." Every one will admit that this is a perfectly legitimate subject of legislation. Judge Sherwood further says that "abundant authority, it need scarcely be said, sustains the position *that discretionary powers are not revisable*, and that this rule applies with especial force to cases where mandatory aid is sought."

Dr. James E. Reeves, of Wheeling, West Virginia, in the Journal of the American Medical Association for November 5, 1885, reports that last week the Supreme Court of Appeals of West Virginia placed the State Board of Health on high legal ground; and thus our labors in medical registration have not been in vain. In a case brought up from an inferior court by a man who had been refused registration on the basis of a diploma from the American Eclectic Medical College of Cincinnati, Ohio, the court unanimously decided: 1st, that the law regulating the practice of medicine and surgery is constitutional and valid; and, 2d, that

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the question of the reputability of a medical college is to be decided by the State Board of Health—not by the courts.

This brings me to the consideration of section 4 of the "act to regulate," which reads as follows: "Be it further enacted, That the standard of qualification required of persons desiring to practice medicine in this State, together with the rules for the government of the authorized Boards of Medical Examiners, shall be such as may be determined from time to time by the said medical association of the State of Alabama, in accordance with the provision of its said constitution of 1873.

This clause gives the State Medical Association a positive grant of discretionary powers, "which are not revisable by any court." Under this section the association has reserved to the State Board of Censors, as a Board of Examiners, the power to examine non-graduates, or in other words, to make doctors as a medical college, and has prohibited its subordinate county boards from licensing any person, unless he be a graduate of a reputable medical college, and then only after a thorough examination in all the branches or departments of medicine, conducted in a prescribed way. Let us contrast our requirements with those proposed by the distinguished Dr. N. S. Davis, editor of the Journal of the American Medical Association, which I now read.

Section eight of the proposed law should be amended by striking out all after the words "of good moral character," and inserting in its place the following: "and has devoted three years to the study of medicine, including human anatomy, histology, physiology, chemistry, general and medical, materia medica, therapeutics, general pathology and pathological anatomy, hygiene and sanitation, medical jurisprudence, practice of medicine, surgery, obstetrics and diseases of women (the three latter including all the specialties carved from them), with clinical medicine and surgery in hospitals containing not less than fifty beds and an average attendance of not less than thirty patients; at least six months of each year having been spent in direct attendance on some legally established medical college having the necessary facilities for instruction in all the departments named, including laboratories for practical anatomy, chemistry, and microscopy."

I can see no constitutional difficulty in the way of enforc-

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ing our "law to regulate," and, it seems to me to earnestly appeal to every physician of the State who wishes to maintain a high professional standard, for active support and enforcement.

The act for the collection of vital statistics imposes upon us a most difficult and tedious duty. It is, however, calculated to be of benefit to us as physicians, and of general service to the people of the State. All plans for the collection of vital statistics are more or less imperfect, and fraught with difficulties. Even in thickly settled countries, and in countries where arbitrary and despotic power can be invoked, there has been no satisfactory plan found yet. How much more difficult must it be in this land of freedom, sparse population, and "magnificent distances" of territory! Still, something has been done, and ought to and can be done by counsel and concerted action. The collection of vital statistics is an important part of the work of a State board of health. Vital statistics play an important part in a scientific arrangement and comprehension of the laws of health and disease. "Nature," says Professor Jevons, "though it probably never fails to obey the same fixed laws, yet presents to us an apparently unlimited series of varied combinations of events. It is the work of science to observe and record the kinds and comparative numbers of such combinations of phenomena, occurring spontaneously, or produced by our interference. Patient and skillful examination of the records may then disclose the laws imposed on matter of its creation, and enable us, more or less successfully, to predict, or even to regulate, the future occurrence of any particular combination. * * Such is the method to be pursued in the investigation of the laws of health and disease. The phenomena thus to be observed and recorded are the chief events of human life—births, marriages, deaths—and the various diseases, together with all the circumstances which affect vitality. Records of such phenomena constitute vital statistics."—Thomas B. Curtis, M. D., Cyclop. Prac. Med., Ziemssen, vol. xix, p. 302.

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VITAL STATISTICS IS THE KEYSTONE OF THE ARCH OF STATE MEDICINE.

It is chiefly in the form of results that vital statistics interest the hygienist.

All methods for the collection of vital statistics have, heretofore, as I said, been more or less defective. Our system may not be as perfect as it can be made; may be capable of amendment and alteration as the result of experience in its working, in a way to make it more efficient and successful. It is open to discussion at each annual session; and if any county health officer, or any one else entitled to speak on this floor, has anything to propose looking to improvement in our present system, it is his duty to do so, and have it subjected to candid discussion and investigation. Let us not criticise merely in a fault-finding and grumbling spirit, but in order that better things may come; that defects may be remedied.

The Medical Association of the State of Alabama, in furtherance of the objects set forth in her constitution, and at our own request, has been endowed with the functions and duties of a State Board of Health. The duty of looking after the sanitary interests of the people of the State has been imposed upon her; the duty of supervising the general hygienic needs of the several counties, as well as heralding the approach of and defending her against the march of pestilence.

These are grave and responsible duties, and require our earnest and honest attention. A State Board of Health of some sort is a necessity in Alabama; the citizens of the counties on the Gulf demand protection against yellow fever, and it is the duty of the State to give it to them, in full measure up to her ability; their citizenship gives them a right to protection, and their exposed position at the outposts of danger makes it prudent to protect them in order to protect ourselves. An invasion of cholera is apprehended; its route of arrival will most probably be by the railways to the north and to the east of us. There is very

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much in this State to demand the services of a State Board of Health, and if the Medical Association does not fully discharge its duty as such, it will not only bring down odium upon us, but it will be done by some other body or agency independent of us, and for us. According to what I believe to be the best construction of the national compact, as it now stands, a State board of health is an absolute necessity. We can not look to the general government to act as a board of health in our place. The several States in matters sanitary bear to the general government the relationship of foreign powers. "By the tenth amendment to the constitution of the United States, it is provided that the powers not delegated to the United States by the constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people."

"It is under this clause that * * * the police power is reserved to the several States, and does not belong to the general government, except as regards the District of Columbia; and hence there are special difficulties in the way of giving any administrative powers to any central sanitary organization, such as a national department of health, health board, etc., even if it be considered desirable that it should possess such powers. * * Inspection laws, quarantine laws, health laws of every description, as well as laws for regulating the internal commerce of a State and those which respect turnpike roads, ferries, etc., are component parts of this mass (police power). * They form a portion of that immense mass of legislation which embraces everything within the territory of the State not surrendered to the general government, all of which can be most advantageously exercised by the States themselves." No clear or undisputed general or special power over these objects is granted to Congress, and consequently they remain subject to State legislation. If the legislative power of the Union can reach them, it must be for national purposes; it must be where the power is expressly given for a special purpose, or is clearly incidental to some power which is expressly

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given."—John S. Billings, M. D., Cyclop. Prac. Med., Ziemssen, vol. xviii, pp. 58, 59.

It is, therefore, clearly a duty of the State, according to this construction of the constitution of the United States, to look after the sanitary welfare of her citizens, and she can not look to the general government to do this for her. The general government may aid her when called upon, if special appropriations for that purpose are made by Congress, but it can not supplant her in this work. A national health board, and a national system of quarantine, to do their duty fully, would have to look after the welfare of the citizens of Alaska and Maine, as well as those of Alabama and Texas, and to establish quarantine hospitals and stations, at intervals, along the whole extensive frontier line of the Union, as well as at Ship Island, in the Gulf of Mexico. Those States which paid the most national tax would demand the greatest share of the protection. Such a system would embrace a mammoth organization, which is not now practicable, and of which there are now no indications.

Our State Board of Health is merely advisory at present, but if we exert our influence in united action; if we show ourselves worthy of the trusts that have been confided to us; if we inform ourselves in State sanitation so as to act efficiently, teach the public correctly, and spread among them enlightened ideas on this subject, more power, including better pay, may be granted us by our General Assembly at some future period. And thus, instead of being impeded in our onward career, we will continue to advance in strength and influence. As I said before, Alabama must have a State health system, and if we do not seize it for ourselves, it will be done for us by others.

"The draft of an act to regulate the practice of quarantine in Alabama," to be found on page 111, Book of the Rules, was introduced at the last session of the General Assembly. After lengthy discussion in the Senate, in which much unfriendly feeling to our health system was brought out, and several amendments were adopted altering mate-

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rially the character of the bill; and reducing the appropriation in money from $10,000 to $5,000, it passed by a vote of 19 to 10.

In the House it was referred to the Committee on ways and means, reported on unfavorably, and the report concurred in.

Thus perished for the present our hope of establishing a State system of quarantine. I say for the present, because I believe some such system will have to be adopted, and should be. The necessity is obvious to the most superficial thinker, and will be again forcibly emphasized by the next yellow fever epidemic. The General Assembly itself clearly felt the need and propriety of some work in this direction. It refused to invest the State Medical Association with quarantine power, and refused to pass a bill introduced in the House by Col. Jones, of Montgomery, creating a State Board of Quarantine, but it yielded to the demand of the people of Escambia, Baldwin and Washington counties, as expressed through their Senator, the Hon. Jas. M. Davison, and passed a local quarantine act entitled "An act to prevent the introduction and spread of yellow fever in the State of Alabama," which reads as follows:

S. B. 330. AN ACT

To prevent the introduction and spread of yellow fever in the State of Alabama.

SECTION 1. *Be it enacted by the General Assembly of Alabama*, That whenever the health officer or probate judge of the county of Escambia makes complaint on oath to the Governor of the State of Alabama that there is a good cause of suspicion or belief that the disease of yellow fever exists in Pensacola or Milton, or other place in the counties of Escambia or Santa Rosa, in the State of Florida, it shall be the duty of the Governor to forthwith inquire into the truth of the complaint so made, and if found to be true, to notify the probate judge of Escambia county without unnecessary delay.

SEC. 2. *Be it further enacted*, That upon the receipt of notice from the Governor, as provided in section one of this act, it shall be the duty of the probate judge of Escambia county to proceed at once, under the provisions of the laws now in force, to prevent the introduction and spread of contagious or infectious diseases, and to establish such hospitals and appoint such guards as may be necessary and suitable for that purpose.

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SEC. 3. *Be it further enacted,* That the sum of one thousand dollars, or so much thereof as may be necessary, is hereby annually appropriated to defray the expenses incurred under this act, to be paid by the Treasurer upon the warrant of the Auditor, who shall give his warrants to such persons as present the order of the probate judge of Escambia county, approved by the Governor, in the amounts certified to be due them for services performed under this act.

SEC. 4. *Be it further enacted,* That any officer failing to perform the duties required under this act shall be deemed guilty of misdemeanor, and upon conviction must be fined not less than five hundred dollars.

Approved, February 17, 1885.

Official: ELLIS PHELAN, Secretary of State.

Under this act it is made the duty of the Governor "to forthwith inquire into the truth of the complaint thus made," and it is reasonable to suppose that he will make this investigation through the State Health Officer, as he is a salaried State health official, but he may not, if he so elects.

So we are thus in the somewhat nondescript attitude of a State Board of Health, whose duty it shall be "to take cognizance of the interests of health and life among the people of the State; shall investigate the causes and means of prevention of endemic and epidemic diseases, etc., etc., while at the same time we have no means to do these things with, and there exists a quarantine board, so to speak, in a part of the State, created by the Legislature and endowed with money and power to act and do independent of us! The probate judge of Escambia county is required to prevent the introduction and spread of yellow fever in the State of Alabama! This is not as it should be. Our State Board of Health must have control over this matter; there is no other way by which it can be so well done, or done with more credit to the physicians of the State.

The following language of Dr. John B. Rauch, Secretary of the Illinois State Board of Health, delivered before the Chicago Medical Society, on the evening of October 6, 1884, contains so much food for thought that I know I will be excused for quoting it at length:

Dr. Rauch said "that matters should be so arranged that

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there would be concert of action in all municipal cities and State Boards with a national health organization; the national government should have control of inter-State quarantine, he had no doubts. The trouble all arises out of inefficient maritime quarantine. Illinois was especially interested in this from the St. Lawrence river to the Rio Grande river, and from the Atlantic ocean to the Pacific ocean, for this State pays more internal revenue tax than any other State in the Union, New York not excepted. Cholera may arrive at Montreal or Quebec, and be brought to this city and State over the Grand Trunk railrord, the Michigan Central railroad, or Michigan Southern railroad, and we have authority to stop these trains at the State line only, and prevent them entering the State of Illinois. New York controlled that port exclusively, and Illinois had no authority to interfere, while her interest in keeping out disease was just as great as that of New York. The Illinois State Board of Health was prepared to prevent the entry of infections and contagious diseases, no matter what contingency might arise, but it would be better if she could depend on the aid of her sister States who were equally interested. Two-thirds of the number of emigrants coming to this country arrive at the port of New York. The emigrant inspection service carried on by the National Board of Health a few years ago, under the auspices of the national government, was done at a cost of only $50,000, when some forty odd thousand emigrants were vaccinated on the trains, and there was no detention. The National Board of Health no longer exists except in name, the last Congress having cut off all appropriations, consequently we are not in as good shape to ward off epidemics as we were three or four years ago. An endeavor to protect the States cannot be well done, on account of inefficient maritime quarantine, and the only resources we have at present to cope with these diseases is for the different States to act in good faith and compact with each other."

The Congress just adjourned, and just before adjournment, like our own legislature did in the matter of the pro-

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tection of Alabama, tried in some measure to remedy this state of affairs by incorporating a clause into the sundry civil appropriation bill authorizing the President, "in case of threatened or actual epidemic of cholera or yellow fever, to use the unexpended balance of the sum appropriated therefor July 7th, 1884, together with an additional sum of $300,000, the same to be immediately available in aid of State and local boards or otherwise in preventing and suppressing the spread of the disease."

Thus are our law makers, unwise and ignorant hygienists, struggling blindly like an unofficered army, wasting lives and treasure in a badly planned campaign against a fateful foe! I believe much of the difficulty, at bottom, lies in ignorant and distracting medical counsellors.

THE INTERESTS OF THE ASSOCIATION.

The Association year just closing has been one of the most eventful in its history; and it is to be hoped that its experience in the future, if still eventful, may be in events of a different sort.

Early in the last session of the General Assembly I was informed that there were numerous bills introduced into both branches of that body which were more or less unfriendly to the objects and interests of the State Medical Association, and generally mischievous in their tendency. These bills, in all, amounted to seven in number before this body finally adjourned; and varied in magnitude of scope and importance from a general repeal of all legislative grants heretofore made in our favor, and amendments destroying the force of medical acts in force now, to the passage of bills creating three or more new and independent medical organizations in the State. After a calm review of the situation I felt it to be my duty, as the custodian of the interests of the Association, to bestir myself in its behalf. These proposed acts, all, without exception, seemed to me to be unfriendly to the Association, and blows intended to be crippling to its influence and its priestige. My especial

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duty as president for the current year, was to "direct and control the general policy and business of the Association." It became necessary for me in this interest to make two visits to Montgomery at this time and spend about six days there. I found that those members of the Association residing in Montgomery, upon whose active and useful influence the Association had been used to rely in such emergencies, and to whose aid in the past she was largely indebted for the very powers and grants which were now imperilled, exhibited an entire absence of apprehension of danger, and were not making, nor disposed to make, any effort to stay this hostile tide. I wrote many letters to them and they invariably informed me that no bills unfriendly to the Association should pass the General Assembly; at the same time they announced that they were not taking part in the matter. At times some of them announced the opinion that the "Wells bill" would probably pass! Now, the "Wells bill" was a bill introduced by a Mr. Wells, of Chilton county, residing, I believe, at or near Verbena, a member of the House, to repeal an act approved February 12, 1879, entitled "An act to carry into effect the health laws of the State." By this act the sum of $3,000 was annually appropriated for this purpose out of the State treasury, to be disbursed under the order of the Association through its presiding officer. It seemed conclusive to me that this repealing bill was essentially unfriendly and crippling to the work of this Association. I saw no alternative but for me to visit the capitol and investigate the status of affairs for myself. I went to Montgomery on January 22d and remained the first time to January 24. I found the affairs of the State Board of Health and the efficiency of the State Health Officer matters of very general discussion and comment, with some active unfriendly influences at work among the members of the General Assembly, and nobody especially active in our defense, except the State Health Officer, but he was supposed to be personally interested, and thus his influence was seriously impaired. There were various rumors currently circulated among members of the General

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Assembly, and published over assumed signatures in some newspapers, notably in the *North Star*, of Florence, and in the Montgomery *Advertiser*, denying the efficiency of the State Health Officer, and stating that the State was paying annually a large sum of money to the doctors for their benefit, and especially for the benefit of the said State Health Officer, for which she received no sufficient equivalent in any way. Some would belittle the State Health Officer and others the State Medical Association, just as their prejudices or interests would guide them. These statements were made mainly with the view of securing the passage of the Wells repealing bill. I believed the supreme hour had come for the Association to exert its influence for the preservation of its fame and even its organic integrity. I therefore naturally turned in this emergency to the Board of Censors, and the "Old Guard"—the House of Counsellors. I composed the following circular letter, and addressed a copy to each member of these bodies respectively:

THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA,

THE STATE BOARD OF HEALTH.

SELMA, ALA., January 23d, 1885.

Dear Doctor:

Bills vitally affecting the organization of the Medical Association and Board of Health of the State of Alabama, and threatening to seriously impair its proud status and efficiency, are pending in the General Assembly of Alabama. I deem it a matter of such great importance to arrest the passage of these measures—and also believe the full influence of the Association is necessary to effect this—that I have determined to call an extraordinary session of the Board of Censors and of the House of Counsellors. We can thus best confer and act in concert. I confidently rely upon the devotion of the members of these bodies to the great work we have on hand in controlling our own affairs and elevating the status of the profession of the State, being sufficiently ardent, to induce them to respond to this call. It is necessary for our integrity and untarnished prestige that we actively bestir ourselves.

The circulation of anonymous charges against the State Health Officer has made him request an investigation, which will constitute an important part of the business of this meeting.

You will, therefore, meet your associates in convention in the city of Montgomery, Alabama, at the State Health Office at twelve o'clock on Thursday next, January 29th, 1885.

BENJ. H. RIGGS, M. D.,
Pres't M. A. S. A.

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And as there seemed to be much real ignorance as to our work and plan of organization, and a willingness, in many cases to receive instruction, on the part of many members of the General Assembly, and on the part of the general public, I addressed the following communication to the Governor of the State, and it was promptly communicated by him, through his private secretary, Mr. Hutchison, to both branches of the legislature. The announcement of the called session of the Censors and Counsellors was made in this communication also, so that any one, if any such person there was, might formulate charges, if any there were, against the State Health Officer; and also to avoid the possible charge that this was a secret meeting for "white-washing" purposes. This communication was not read in either house, nor was it ordered printed, and as I desired it to be generally read, I procured its publication in the Montgomery *Advertiser* on Sunday following, February 1st:

THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA,

THE STATE BOARD OF HEALTH.

SELMA, ALABAMA, January 24, 1885.

To His Excellency, E. A. O'Neal, Governor of the State of Alabama:

SIR—The General Assembly of the State of Alabama has invested the Medical Association of the State of Alabama with certain powers and duties as a State Board of Health, notably: "An act to establish boards of health in the State of Alabama," approved February 19, 1875; "An act to carry into effect the health laws of the State," approved February 13, 1879; and "An act to provide for the supervision of the public health and for the collection of vital statistics in the several counties of the State of Alabama," approved February 28, 1881. Section two of the "Act to establish boards of health," etc., etc., reads thus, to-wit: "That the Board of Health of the State of Alabama, thus established, shall take cognizance of the interests of health and life among the people of the State; shall investigate the causes and means of prevention of endemic and epidemic diseases; shall investigate the influences of localities and employments upon the public health; shall, from time to time, make to the General Assembly such suggestions as to legislative action as, in their judgment, may seem advisable, and shall be in all ways the medical advisers of the State." The "Act to provide for the supervision of the public health," etc., etc., places certain arduous, responsible, and unpaid duties upon the county boards of health established in this State under the first named act, and provides, in section nine, that "the

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county boards of health shall execute the provisions of this act, in accordance with such regulations as may be from time to time prescribed by the State Board of Health."

Creating thus a State Board of Health, with many of the arduous and responsible duties of such a body -duties which inure to the benefit of the people of the State in every sense of the word. The General Assembly, in the "act to carry into effect the health laws of the State," in the year 1879, appropriated the sum of $3,000 a year, "or so much thereof as may be necessary," and placed this sum "under the direction of the Board of Health of the State of Alabama."

The Medical Association of the State accepted these complex and grave duties as the medical advisers of the State, and have used due zeal and energy since in their discharge. They have successfully organized a great and influential central board, embracing a membership of nearly eight hundred (800) of the most active physicians of the State, including fifty subordinate county boards in fifty counties in the State; and this State Board has matured and started into operation in the State the full machinery of ordinances necessary to carry into effect the duties of supervising the sanitary interests of the whole State of Alabama. Necessarily, such a system is of slow growth, and takes time for its successful operation. The great size of the State Board of Health made it expedient that a smaller and more wieldy body be created, whose special duty it should be to act as the "supervisory and immediately responsible agents of the Association in the discharge of its functions as the Board of Health of the State."

This duty was imposed upon the Board of Censors of the State Association, which is composed of ten (10) of its most honored members, holding office for five (5) years, so arranged that two new ones are elected at each annual session of the Association. This board constitutes the "Committee of Public Health of the State of Alabama," and are especially entrusted with the discharge of the duties imposed upon the State Board of Health by the General Assembly, and are directly accountable to the board in all their doings. On April 11th, 1879, this committee deemed it wise and necessary, and in harmony with other States, to create the office of State Health Officer, and immediately elected an officer to fill that place, whose term of office should be for five (5) years. They made it the duty of this officer "to keep the books and papers, and to conduct the correspondence of the State Board of Health; to give such assistance in the organization of the county boards, and in the conduct of their subsequent operations, as may be ordered by the State Board of Health; to obtain from the County Boards of Health, and to obtain from other available sources, the fullest possible reports in regard to the diseases of the several counties, and of the causes in which said diseases originate; to prepare, under the direction of the State Board of Health, an annual report upon the vital and mortuary statistics and the sanitary condition of the State; and to make such special investigations of endemic and epidemic diseases, and of other problems in sanitary science as may be ordered by the State Board of Health."

And they furthermore provided that said health officer "may be, at any

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time, removed from office by said Committee of Public Health for incompetence or malfeasance in office, or other sufficient cause."

And in view of the engrossing and laborious nature of the duties of this office and in view of the fact that they tend almost exclusively to the benfit of the people of the State, and that it is unjust to require any one to work for the public without compensation, and equally unjust and unreasonable to require the medical men alone to bear the burden of his salary, it was further provided "that he should be paid out of the annual appropriation made to the State Board of Health to carry into effect the health laws of the State, such annual salary as the committee of public health may from time to time determine."

In view of the fact that there are a number of bills pending in this session of the General Assembly looking to the repeal of acts granting these powers to the Medical Association of the State as a Board of Health, I, President of the Medical Association of the State of Alabama, have deemed it wise to address you this communication, with the request that you lay it before each branch of the General Assembly. The Association has acted with due zeal, in good faith, toward the State, in the discharge of its duty as a State Board of Health. A report as required by law is now about ready to be submitted to your excellency. When the difficulties involved in these laws are appreciated it will be understood why this duty has not been attended to before, but the work of the board has not been done in secret, as the Medical Association of the State has annually published for distribution a large volume of its reports and proceedings, embracing from 600 to 800 copies, and comprising from 400 to 600 pages.

Furthermore, I am induced to make this communication, in view of the nameless charges reflecting indirectly upon the Board of Health, and directly on the efficiency of their agent, the State Health Officer, which have been conveyed to the ears of members of the General Assembly, to invite the appointment of a committee of investigation into the truth of these charges, if members of the General Assembly deem it necessary, to meet a committee of conference from the State Board of Health, to be ready to act by Thursday of next week, January 29th, 1885.

In further elucidation of the work of this board, I herewith have the honor of submitting copies of The Book of the Rules of the Medical Association of the State of Alabama, the State Board of Health.

I have the honor to be, very respectfully,

BENJ. H. RIGGS, M. D.,
President M. A. S. A.

I returned to Montgomery again on Wednesday p. m., January 28, to be present at the called session of the Board of Censors and the House of Counsellors. It was a source of pride and great gratification to me to see present so many earnest and influential members of the Association, who, at a moment's warning, as it were, left their engrossing private

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duties and came up to the defense of their State Association. All the members of the Board of Censors were present, except two, who were unavoidably detained, and were represented by letters, and at least a third of the century of Counsellors, and many visiting members of the Association. The meeting was earnest and harmonious. Ample opportunity was given any one to appear with charges and complaints, and no one appeared. A memorial to the Senate and House of Representatives was adopted and will be read this morning. The chairman was instructed to appoint a committee to go before the House committee on ways and means to whom the Wells bill had been referred, to properly represent the wishes and interests of the medical association. I appointed as said committee Drs. Bryce, Baldridge, Dement, Sanders, and the State Health Officer. By subsequent motion I was added to the committee as its chairman.

I now approach the saddest part of this unpleasant episode. When your committee met the committee of ways and means next night, Friday, January 30, at Mr. Alva Fitzpatrick's office, we found there present, by invitation of the committee of ways and means, it was stated, another committee of gentlemen, who appeared as adverse to your committee, and as friendly to the Wells bill. These were medical gentlemen, and members of this association; medical gentlemen whom this association loves, and who had worn in the past many of her highest honors, and who then held prominent and responsible offices at her hands; medical gentlemen who differed with us in public professional policy, and who were present to urge their views. If they were right, I say it was a sad spectacle, because it denoted division, distraction and threatened disintegration. I am not one to proscribe those who honestly differ with me in opinions; every man has a right to hold and to defend reasonable opinions, and there is almost always two sides to every important question. I have considered all this, but yet I fail to see the wisdom or propriety of the course pur-

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sued by these gentlemen, and earnestly combated their opinions before the committee.

We succeeded, however, in procuring from the committee a report adverse to the "Wells bill," and in due course of time the adverse report was concurred in by the House.

Thus was the front line of the enemy broken, and one by one they were routed in detail. Not one of the seven unfriendly bills succeeded in passing either house; some were reported on unfavorably, and some died an untimely death in committee.

It seems to me that the policy of attacking what does not suit us as members of the Medical Association, in the legislature, or in the State courts, is wrong in principle and practice. Such questions ought to be fought out on this floor, or settled by medical tribunals. There is ample opportunity and facility to that end. It is very probable that conflicts of opinions and of interests will occur in organizations of this size, but how much more dignified it is to settle them in our own ranks, or, if needs must be, to refer them to our Board of Censors sitting as a court of impeachment and appeals. All matters affecting the character and standing of members of this Association should be referred to and be acted upon by the Association. All disaffection, and discontent with our laws and ordiances, and officers, should be shown and considered in our midst and on this floor. There seems to me no doubt as to the propriety of this course, nor as to its good policy. In fact it seems to me that any other course is demoralizing and destructive of our influence and good standing, both with ourselves and with the general public.

But our experience this winter, gentlemen, may teach us a lesson. There may be some defect in our govermental machinery some where. It is well known to us all that our plan of organization, all our ordinances and regulations are the product largely and almost exclusively of the brain of one man; this goes without the stating. But it is not to be supposed that wisdom will die when that distinguished and meritorious individual "is gathered to his fathers,"

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Our laws, admirable as they are, are perhaps not insusceptible of improvement, or amendment. Constitutions are the growth of time, and the fruit of experience. There never has lived a great discoverer, if he lived long, but has lived to see his work improved on and perfected. The steam-engine of to-day, the steam boat of to-day, the electric telegraph, electric light and telephone, the printing press, the sewing machine, the agricultural plow and reaper, the cotton gin and corn mill of to-day, and every modern implement of use and pleasure, is so amended, perfected and changed that their inventors would barely recognize them. The great McDowell was outstripped by Atlee, Wells and Keith. And our own J. Marion Sims, worthy of profoundest admiration, lived to see his methods improved on, and to find others perhaps more expert than himself in his own peculiar and original operations. It is our duty to all take interest in the work before us, and to contribute any suggestions which arise from our experience, and to get up in our conventions and contend for what we believe to be right.

It has been suggested by a distinguished member of the Association that it might be well to enlarge the Committee of Public Health; based upon the desire to popularize and make more efficient this arm of our work. It is very evident to me that it will be well if we succeed in making the public feel that their State Board of Health is sufficiently watchful and is doing all that can reasonably be expected in protecting the lives and health of the people. This may be done best probably by County Boards attending more faithfully to their duties, and making more public their work; let them publish occasionally reports in their county papers, making practical suggestions about hygienic affairs in the county, so that the people may see that we are actively at work in their behalf. One complaint of a prominent member of the last legislature against continuing the annual appropriation of $3,000 to the Board was that his county gave $200 to the doctors, and many other counties in the State made the same, or similar appropriations, and he saw no

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good from it. Let us remedy all defects in the working of our laws, and meet objections with utility. Another means which I doubt not would add to the popularity of the Association as a board of health, would be the printing and distributing generally of leaflets or short pamphlets on different parts of State Medicine and of the work of the Board. These papers should be short and practical; should be paid for out of the annual appropriation given by the State; and should be widely distributed among the prominent citizens of the State as well as among the physicians. I hold before me a valuable pamphlet entitled "Typhoid Fever and Low Water in Wells. By Henry B. Baker, M. D., Lansing, Mich. Reprinted from the Annual Report of the Michigan State Board of Health for the year 1884. Reprint No. 181; by Authority." Done by the State printers and binders, and bearing on the front page the coat of arms of the Michigan State Board of Health.

At the meeting of the Sanitary Council of the Mississippi Valley, held at New Orleans on March 10th, 1885, under the order "the Presidents of the boards of health were called upon to give an account of the sanitary condition of their respective localties, and the measures being taken," "Dr. Henry F. Lister of Michigan, gave an account of what was being done there to prevent the introduction of cholera. The State Board had distributed a great number of documents intended to educate the people in sanitary subjects, and teach the value of cleanness. Yearly sanitary conventions were held in the State, which proved very efficient in educating the people. * * * He advised the thorough dissemination of information on sanitation and for the education of the people in the elements of public and individual hygiene."

This seems to me to present a very efficient and practicable way of convincing the public that the State Board is duly alive in the discharge of its duties, and at the same time is a reliable means of attaining the ultimate object of all sanitary science, "the promotion of the public health."

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How supremely small is the spirit of economy which begrudges the annual payment of a few thousand dollars for the furtherance of the sanitary interests of a great State. How unjust to deny to the doctor help in furtherance of the commendable ambition of elevating and enobling his calling. The State requires proficiency in the doctor and she should enable him to be proficient. The following is by Henry A. Riley, Esq., in the Therapeutic Gazette, of February, 1885:

Negligence in the care of the sick is probably the most common of all charges against the physician which come before the courts for consideration, and the different States are not equally severe in requiring the knowledge and skill of the medical attendant to be of the highest order. In Germany, on the other hand, stringent rules are prescribed, as appears from a recent case where a patient suffering from a wound in the chest died under the care of a physician who did not believe in antiseptic dressings but used the old methods. The patient died from septæmia, and, in a suit brought against the physician for negligence, judgment was rendered against him and the court said: "Every practitioner should keep himself informed on the accomplished progress of science and have an exact knowledge of modern systems of treatment. If these had been employed the patient's life might have been saved, hence the liability for negligence."

If the State law holds him liable "for negligence," it is but simple justice for the State to enable him to avoid the penalty by giving him the means of investigation and progress. The State is the beneficiary of what he may discover. Witness the two following propositions:

PROPOSITION 1.—Among the most important discoveries of modern times are those which elucidate the causes and nature of diseases, and thereby aid in their prevention and cure. Witness the researches of Pasteur, Koch, and various other European savants; when these researches are perfected, knowing the causes of diseases, we will be able to largely control their production.

PROPOSITION 2.—Researches upon disease are expensive, and when most successful yield no pecuniary result to the discoverer. Such discoveries cannot be patented, sold, manufactured, or commercially dealt in. Witness vaccination: before its discovery small.pox killed one-half the population; now death from that disease is very rare; immeasurable gain to the people, no direct gain to discoverer.

Then away with the charge that the State pays too much to her doctors; she can be in no danger from that direction,

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if she be ten times more liberal than she has been in the past.

I would suggest to the convention the expediency of prohibiting, at an early date, by ordinance, the occupancy of the offices of Senior Censor and State Health Officer at the same time by the same person. I am satisfied that it will be for the interest of the Association to have two different persons to fill these offices. There is no such officer as Senior Censor known to our Constitution. It is a title applied by common usage to the Chairman of the Board of Censors. It is used first as a distinctive title in paragraph one of section one: "The order of the Revision of the Roll of the County Medical Societies."

Article fifty-one of the Constitution says: "The Censors shall elect, from time to time, one of their number to serve as chairman of the board, and the chairman so elected shall serve as such during the remainder of his term of office as Censor." The present Senior Censor, under this rule, is still to hold office until 1888.

It is known that our Senior Censor is also our State Health Officer. This, in my opinion, is unfortunate in effect. The State Board of Censors is practically the State Board of Health. Paragraphs one and two of "An ordinance (of this Association) in relation to the Committee of Public Health," page 113, Book of the Rules, says: "That the Board of Censors of the Medical Association of the State of Alabama be and is hereby constituted the Committee of Public Health of the State of Alabama; and (2), "Be it further ordained, That the Committee of Public Health shall be the supervisory and immediately responsible agent of the Association in the discharge of its functions as the Board of Health of the State." The State Health Officer is elected by the Committee of Public Health, is their executive officer, and "in the intervals between the annual sessions of the Association, he shall be under the orders of the Committee of Public Health of the Association."—Page 114, Book of the Rules, paragraph 4.

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We thus have the State Board of Health presided over by its subordinate officer, the State Health Officer, and, in the intervals of the annual sessions of the State Medical Association, the State Board of Health of Alabama is embodied practically in the person of one man. This is more responsibility than ought to be put on the shoulders of any one man, and more than any one man desires who has had any experience in such matters. Such a course is not the wisest. The Senior Censor has much work to do; so has the State Health Officer. Both positions are beset with trouble, and liable to beget personal antagonisms too much for the popularity of any one man to withstand.

By having the Senior Censor separate from the State Health Officer, he could act as a useful and ready counsellor to the latter officer in times of epidemic invasion, readier than the assemblage together of a board of ten men, or a quorum thereof. Thus, the difficulties of a successful discharge of his delicate and responsible duties would not rest alone upon his shoulders, and he might be saved much undeserved censure. The office of Senior Censor is one that might be magnified, and made one of pre-eminent distinction and importance. It might be reserved as the highest honor in the gift of the Association. It could be made this by being careful in its bestowal, and making it alone the reward of merit. The Senior Censor of the Medical Association of the State of Alabama should be an honored and faithful member, whose term of membership, whose professional zeal, and whose social standing in his State, and standing as a practitioner of medicine, whose learning and worthy deportment combine to reflect honor on him, and will enable him also to do credit to the Association.

The last session of the General Assembly had before it bills regulating the practice of dentistry and the pursuit of pharmacy in this State, but I am informed that they were so emasculated when they passed the House that friends of the bills withdrew them. The bills were not objectionable in themselves, but were probably not fully under-

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stood or appreciated by the members of the General Assembly.

The subject of "temperance," so named, has, at different times, engaged the attention of our annual conventions, but we have agreed to "pretermit" it, rather than give utterance to any decided expression of opinion on this important question. No one more than I deprecates the introduction of vexed questions of religion or theology into our discussions, or bringing up questions political or politically entangling. I oppose the propriety of such actions in this deliberative medical body. But temperance is not, *per se*, political or religious; it is physiological, it is hygienic. Even in the phase of alcoholic intemperance, it is well worth the attentive consideration of a body of medical men. The question of alcoholic temperance is not only physiological and hygienic, but pre-eminently humanitarian. Who should be more capable than medical men of giving sound advice upon this important question? Are they not called upon daily for advice upon this subject? Is it not also their duty to give this advice when desired? They should, then, study and discuss the matter, and, if possible, mature sound, safe and philosophical views in reference to it.

There can be no dispute about the fact that there is a great deal of harm done in the world by alcoholic intemperance; a great deal of vice produced and a great deal of disease generated. Some may say that its vicious aspect is a question for the moralist or the alienist; but no, it is contended that intemperance is a disease, and, therefore, belonging to the medical man; that it is dypsomania, methomania or some other form of mania. Is it not worth our while to try and stay the progress of this degrading and destructive "infection?" Is it not rather our duty as a State Board of Health to do it, as far as in us lies? Then, which is the best way? It is our duty to encourage that influence which promises best in achieving this great hygienic result.

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I do not believe that it can be successfully maintained that alcohol is only a poison, and always harmful to the animal body. I believe rather that it is nutritious and conservative, if properly used, and that it is an exceedingly valuable and palatable medicine. Neither do I believe that we can dispense with its use in pharmacy, or the arts.

I do not believe its frequent use is safe or necessary to any person in health. Its use is greatly disturbing to the child or young adult, when taken in health. No person, in health, under 40 years of age, should use alcoholic beverages regularly or frequently. There is no doubt but that the use of alcohol as a tiple or beverage, by the healthy, is fraught with great dangers and leads, in many instances, to drunkenness, disease, degeneration of morale, vice, debauchery. Its habitual use leads inevitably to increase of dose, dissipation. Have you ever thought what the word dissipation means? "He is dissipated," is an exceedingly expressive phrase; it implies that he is scattering, thinning out into nothing—health, wealth, strength, character, influence, home, family, hope. What a terrible dissipation is this! If there be a medical aspect to this great evil, as there undoubtendly is, is it not right that medical men should utter some authoritative warning? There is no thoughtful medical man but can unite in condemning the habitual use of alcoholic beverages. It is contended that people resort to alcohol as a recreation; that laboring men are especially bad this way. Are there not other recreations more refined and enobling than this. Most assuredly.

These are merely hints thrown out for the consideration of the convention, if they see proper to do so. It is certainly a matter of very grave importance.

Medical men of Alabama, are you alive to the great good your Medical Association is capable of doing the profession of the State? Do you fully realize the great value to us as a profession of the powers that have been secured to us by legislative grant? If so, then it behooves us to be up and doing; to be active and vigilant. Let us sink out of sight

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as much as possible all personal considerations and feelings, and strive earnestly to hold and perfect what we have. Beware of jealous ambition. Peace reigned on Olympus until the advent among the assembled gods of the envy freighted apple. The vaulting ambition of Lucifer planned and plotted until "there was war in Heaven;" and swift retribution lashed him and his myrmidons to the last home of discord and crime. He who loves his profession will be willing to abide the decisions of his peers; and to him it will be a pleasure to labor and to struggle for the erection and maintenance of a high professional status. He will love to aggrandize—to always aggrandize his noble calling.

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REPORT OF JOB THIGPEN, M. D. OF GREENVILLE,

Second Vice President and Senior Counsellor of the Medical Association of the State of Alabama.

Mr. President and Gentlemen of the Medical Association :

At the last session of the association at Selma it was made the duty of the Vice Presidents to assist in the organization of Medical Societies in the counties where none existed, and to correspond with societies already organized, "keep them drilled," etc.

Soon after the Selma session I received a copy of the proposed ordinance from our worthy President, with a list of the counties assigned me, both organized and not organized, with instructions to "put my shoulders to the wheel and see what report we could make in April." The work was new to me, and something for which I was illy prepared, therefore you will expect but little. I addressed a circular letter to the presidents of each of the county societies, and wrote to some of the physicians in all the counties (except Baldwin and Escambia, where there were no societies.) In Baldwin and Escambia there are so few physicians it was thought useless to undertake an organization, hence no correspondence with these counties.

Medical societies have been organized in Clarke, Coffee and DeKalb counties. I have been informed by Dr. J. W. Fleming, of Grove Hill, Clarke county, Dr. W. H. Chapman, of Elba, Coffee county, and Dr. H. P. McWhorter, of Collinsville, DeKalb county, that those county societies would be represented, and applications made for charters at this session of the Association.

Dr. Y. E. Holloway, of Cullman, writes me that they have an organization in that county; that there are a good many physicians in the county, but that only two or three

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of them "ever saw the inside of a medical college." He is a graduate of the Ohio Eclectic Medical College, has attended one course of lectures in the Alabama Medical College, at Mobile, since graduation, and passed a successful examination before the Walker County Board of Medical Examiners. He says they once made application for a charter, but were refused. I have written to him, and explained what is necessary in order to obtain a charter. I also wrote the Secretary, Dr. Means, to send him a copy of the Book of the Rules, the receipt of which he acknowledges.

Dr. H. J. Smisson, of Newton, Dale county, writes that there are a good many physicians in that county, but thinks it rather difficult to get up an organization. He says that he once suffered on account of such a move, and did not feel like taking the lead, but should any one else take the initiative he would cheerfully follow. I wrote to some of the doctors at Ozark, but received no answer. The Book of the Rules was sent to Dr. Smisson.

I have been unable to get up a correspondence with the other unorganized counties (Cherokee and Clay).

The Medical Association of the State of Alabama stands on a firmer basis to-day than ever, notwithstanding there is considerable opposition in some sections to the law to regulate the practice of medicine. Complaints have been made that there are indiscreet and selfish boards of medical examiners, and in this fact, in my opinion, lies one of the greatest dangers to this law. Not long since I was in conversation with a member of the legal profession, of more than ordinary distinction, (not a citizen of our county, however), who, in speaking of the law to regulate the practice of medicine, remarked that "he was afraid it would impose hardships upon some," and instanced a case where there were two or three old physicians in a town who were members of the county board of medical examiners. That "a young man, well qualified, having attended three college sessions and received his diploma, made application for

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examination. That the written questions were unfair, and as a consequence, the answers were not satisfactory, and his certificate was refused, all because (this gentleman said), the old physicians did not want any competition." He said, "that in his opinion it was one of the best laws ever enacted; that he was a member of the General Assembly at the time it was passed, and advocated it and worked for it with as much zeal, perhaps, as any man in the legislature, and hoped that it would not be abused, nor did he believe it would be, except under such circumstances as above stated."

There are always some disaffected doctors and demagogue politicians, who are willing to do anything to bring themselves into notice and increase their own popularity. Such men will seize all such opportunities, all for selfish motives, and thus array the people against the Association, which is the only safeguard and protection against charlatanism and quackery. I therefore think it is of paramount importance for the Association to examine well into the actions of the County Boards of Medical Examiners, and see that the "examinations are fairly and impartially made."

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THE REVISION OF THE MINUTES OF THE SESSION OF 1884.

The Revision of the Minutes of the session of 1884 being next in order, the Senior Censor called attention to the following errors:

THE REVISION OF THE MINUTES.

It seems to me that the members of the Association do not appreciate how important it is that our proceedings should be accurately recorded. The Association, under the laws of the State, is invested with important public functions, and whatever business is done at our meetings may be reviewed and investigated in the courts. In such cases the official records of our proceedings may be introduced as legal evidence; and it is, therefore, easy to see that if these records give false testimony, the courts may be misled and the ends of justice defeated.

Last year, at our session in Selma, it was my disagreeable duty to call attention to some of the more important errors contained in the published minutes of the Birmingham session of 1883. These errors were not in regard to trivial matters, but involved nearly the whole of the most important work of the session, and were of such character and number that nine and a half octavo pages printed in fine type were necessary for their correction.

I find that the minutes of the session held last year at Selma are equally faulty; and in order that some tolerable approximation to the truth may be possible hereafter in regard to the work of said session, I desire to place upon record the following specifications of errors, together with appropriate corrections:

(1) The volume for 1881 is published as the record of the thirty-fourth session. The volume for 1882 has nothing on the title page to indicate the number of the session to which it belongs. The volume for 1883 is designated as that of the 15th session. And now in the volume for 1884 the title page tells us that it contains the Transactions of the thirty-sixth annual session. As I indicated last year at some length, I have been unable to ascertain the true numerical rank of any of these sessions; but I do know that no arithmetical juggling can by possibility make the session of 1884 the thirty-sixth. If the intention was, as seems to have been the case, to resume the numbering of the sessions on the basis which obtained from the session of 1873 to the session of 1881, then the session of 1884 would be the thirty-seventh, and not the thirty-sixth. I respectfully submit that it is quite time that this perplexing vascillation should be stopped.

(2) The half title on page three, which is in the following words—"The Minutes of the Proceedings of the Medical Association of the State of

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Alabama"—applies only to the first of the three divisions into which the contents of our annual volumes are ordered to be arranged, while the Preface on page five applies equally to all three of said divisions. The said half title and the said preface should, therefore, change places. And this is also the order of arrangement expressly prescribed by the Association in the ordinance in relation to the committee of publication and its duties.—Section 5, page 28, of the Book of the Rules.

(3) The misplaced preface on page five makes the singular statement, that the volume of Transactions for 1884 is the "thirty-sixth, instead of the fifteenth, as published last year"—that is to say, in 1883. Now it was not published in 1883 that the volume for 1884 would be the fifteenth; and I know of no proof that the ordinal adjective "thirty-sixth," designates the correct position of this volume any real series. This preface, therefore, being one of the best illustrations I have ever seen of the old latin pun—*lucus a non lucendo*—should be stricken out, and some appropriate statement in harmony with the facts of the case should be substituted for it.

(4) On pages 8 and 9, I note the following errors in the names of Delegates:

Blount county—F. G. Donald, should be F. G. Donahoe.

Greene county—J. C. Carson, should be S. C. Carson.

Madison county—D. H. McClain, should be D. H. McLain.

Marengo county—Henry C. Duggas, should be Henry C. Duggar.

Pike county—W. S. Eland, should be W. S. Eiland.

Shelby county—J. H. Green, should be J. H. Gunn.

(5) On page 31, near the middle, in two places, the words "session of 1884," should be "session of 1883." The minutes of the session of 1884 could not then, on the first day of said session, have been subjected to revision.

(6) On pages 57, 58, 59 and 60, under head of "Business Reports of County Societies," I fail to find any business reports at all. In the note on page 60 the statement is made that the "Reports on the status and work of the county societies here given * * * * are recorded in their order," etc. Now, the status and work of the county societies is exactly what ought to have been given here according to the order of business in the Book of the Rules. But hardly a word of the sort of information properly coming under that head have I been able to find in all these pages. This is a matter of importance, and should be put right once for all. I have endeavored to explain it on two or three previous occasions, but my explanations seem not to have been understood.

The fifth order of business in section xv of the Constitution of the Association relates to "Business Reports of County Societies as to status, membership," etc. When this order of business is reached the Roll of the County Societies is called, and the annual reports of the respective societies are handed in by their respective representatives. These annual reports are sometimes quite lengthy, and it would not always be convenient to read them all *in extenso*. Besides, a considerable part of the contents of these reports, such as the rolls of officers and members, which are printed in full

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in the Annual Register of the Association, would not be very interesting to listen to. Under the circumstances here indicated, therefore, and under this order of business it is expected that when the name of any county is called the proper representative of said county shall rise in his place and make a brief statement of what his society has done during the preceding year; how many meetings it has held; what the attendance on the meetings has been; what papers have been read; what discussions have occurred; in what way the society has discharged its various duties under the laws of the State; what ordinances have been adopted; what trials of members have been held,—in a word, to give an abstract and brief chronicle of the doings of the society for the year covered by the report which is handed in. In doing this he may speak from memory of the facts, or he may read a condensed statement prepared for the purpose; or he may read such selected parts of the report itself as are germane to the purpose in view. In this way the Association is officially informed of the status and work of all the county societies on its roll, and is in a condition to take intelligent action in regard to them. Delegates should prepare themselves in advance for making these reports, so that they may do justice to themselves and to the societies they represent. If any society fails of representation—a thing which ought never to occur—then when the name of such society is called, if the annual report has been rendered, the secretary of the Association may read such parts of it as are appropriate to the occasion.

In making up the minutes of the session the secretary may refresh his memory and verify his notes by reference to the annual reports in question. It is to be hoped that this very important order of business will be so conducted in the future as to fulfill the purposes for which it was devised.

From this explanation it is clear that the accounts of the status and work of the various county societies, as given on these four pages, are entirely inadequate to accomplish the objects intended. The whole section, therefore, should be written anew in accordance with the facts.

(7) Under this same heading of "Business Reports of County Societies," mention is made, on page 58 of Cleburne county, Elmore county, and Fayette county, and on page 59 of Lamar county. But at this time none of these societies were on the roll; and of course they could not have been called on the calling of said roll. All that relates to these four counties in the places indicated, should therefore be stricken out.

(8) Under this same heading of "Business Reports of County Societies," it is mentioned, on page 58, that the Coosa county society, and, on page 59, that the Lamar county society were referred to the Board of Censors for investigation. As a matter of fact I take it for granted, since it is so recorded on page 273 of these minutes, that the Coosa County Society was placed under investigation; but certainly nothing of the sort was ordered in the case of the Lamar County Society. And, besides, orders of investigation are made only on the fourth day of the session under the order of the revision of the rolls, and should not be recorded with the business of the first day. Therefore, the entries here mentioned should be stricken out.

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(9) The County Societies of Crenshaw and Marengo, which were on the roll, and the last of which had a representative on the floor, are passed over without mention under this order of business. But both of them should have been called, and the proper entries in each case should have been made.

(10) On page 70 a committee is given, of which Dr. Isaac Huggins, of Newbern, appears as a member. In the Register, Dr. Huggins appears as Dr. Jacob Huggins. One name or the other is evidently incorrect.

(11) On pages 70 and 71 appear letters from Drs. Garnett and Moses, correspondents of the Association. These letters were read out of order. They should have been read under the order of the revision of the roll of the correspondents.

(12) On page 81, near the bottom, I find it stated that Dr. Cochran's paper on Hemorrhagic Malarial Fever was read by headings. But it was not so read. The paper was a very long one, and Dr. Cochran gave the summary of conclusions, but this he read in full, and not by headings.

(13) On page 269, near the top, in the section of the minutes entitled "The action of the Association on the Report of the Board of Censors," occurs the statement: "In this way the following vote was taken." But according to these minutes twenty-eight votes were taken under the head mentioned. The statement in question should, therefore, read: "In this way the following votes were taken."

(14) I have just said that according to these minutes twenty-eight votes were taken under the head mentioned. But, in fact, the number of votes taken was twenty-seven, and not twenty-eight, as will be seen in due time.

(15) On page 269, in the paragraph numbered (2) on the margin, it is stated that the Association adopted an ordinance in relation to Counsellors not members of county societies. But the Board of Censors recommended no such ordinance, and none such was adopted by the Association. *Per contra*, the ordinance which was recommended and adopted, was expressly intended to make it impossible that there should be any such thing as a Counsellor who was not a member of some county society. This paragraph, therefore, should be recast somewhat as follows: (2) It was moved by the Senior Censor that the draft of an ordinance reported by the Board of Censors, to require that every counsellor should be a member of the medical society of the county of his residence, be approved and adopted by the Association. The motion was unanimously adopted.

(16) On page 269, in the paragraph numbered (5), in the margin, it is stated that the Senior Censor moved that the Association make an adverse report on the recommendation of the Board of Censors in regard to the matter of county convicts and contract practice. But, in fact, the Senior Censor made no such motion—could not, indeed, have committed the inconceivable folly of making any motion adverse to any recommendation of the board of which he was the chairman and the mouthpiece. In the matter under consideration, there was no occasion for the Association to make any report of any sort, whether adverse, or otherwise than adverse. For the facts in the case consult pages 113, 114, 115, and 116, of the last volume of

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Transactions. In order to place this paragraph in correspondence with these facts, it should be reconstructed somewhat as follows: (5) It was moved by the Senior Censor that the recommendation of the Board of Censors, to the effect that it is not expedient to relax the existing rules against contract practice, so as to allow contracts to be made for the treatment of county convicts in the Jefferson county coal mines, be approved by the Association. The motion was unanimously adopted.

(17) On page 270, in the paragraph numbered (7), in the margin, it is stated that the Senior Censor moved the indefinite postponement of the recommendation of the Board of Censors in the matter of the compensation of experts. But the Senior Censor made no such motion—could not, indeed, have committed the inconceivable folly of making any motion adverse to any recommendation of the board of which he was the chairman and mouthpiece. For the facts of the case, consult pages 120, 121 and 122 of the last volume of Transactions. In order to bring this paragraph into correspondence with these facts, it should be reconstructed somewhat as follows: (7) It was moved by the Senior Censor that the Association approve the recommendation of the Board of Censors, to the effect that the further consideration of the resolutions of the Greene County Medical Society, in regard to the enactment of a law to provide for the compensation of experts giving testimony in the courts, be indefinitely postponed. The motion was adopted, with three or four adverse votes—not unanimously, as stated in the minutes.

(18) On page 270, in the paragraph marked (8), in the margin, it is stated that the Senior Censor moved the indefinite postponement of the recommendation of the Board of Censors in regard to the salaries of county health officers. But the Senior Censor made no such motion—could not, indeed, have committed the inexcusable folly of making any motion adverse to any recommendation of the board of which he was the chairman and mouthpiece. For the facts, consult pages 122, 123 and 124 of the last volume of Transactions. In order to bring this paragraph into correspondence with these facts, it should be reconstructed somewhat as follows: (8) It was moved by the Senior Censor that the Association approve the recommendation of the Board of Censors for the indefinite postponement of the further consideration of a certain scheme for the enactment of a law in regard to the salaries of county health officers. The motion was unanimously adopted.

(19) On page 272, in the paragraph numbered (27), in the margin, it is stated that the Senior Censor moved that certain recommendations of the Board of Censors, acting as a Committee of Public Health, in regard to certain reports of the State Health Officer, be approved by the Association. But, in regard to these reports, the Senior Censor made no motion at all, and this for the very good reason that in regard to them the Board of Censors made no recommendation of any sort whatever. This paragraph should, therefore, be wholly omitted; and the paragraph at the head of page 273 should be numbered in the margin (27) instead of (28).

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(20) On page 276, near the middle, it is stated that the Secretary announced that there were nine vacancies in the College of Counsellors. But there were in fact only seven vacancies, the names of Dr. James Gray Thomas and Dr. William Fletcher Thetford not having been counted, as will appear further on.

(21) On page 277, near the middle, the Secretary is reported as announcing one vacancy in the Roll of the Correspondents. But there is no limit to the number of the correspondents. Hence, when the name of a correspondent is struck from the roll, no vacancy, in any strict sense of the word, is created, and no place is left empty, to be filled by any subsequent election. This is a small matter; but even in small matters it is well enough to be accurate.

(22) In the Annual Register, there are some hundreds of omissions, and some scores of inaccurate entries. As most of these are of minor importance, I will point out only a few of them.

(23) On page 321, near the top, the statement is made, that the Pickens county society was "under the rules stricken from the roll" But a county society can not be stricken from the roll under any rules that I know anything about--can, indeed, be stricken from the roll only by order of the Association; and in regard to the Pickens county society, no such order was made at the Selma session. Still further: If the Pickens county society was stricken from the roll at the Selma session, by what authority is it retained on the revised roll of the county medical societies, occupying the whole of page 320 and a part of page 321, in the last volume of Transactions? This statement is incorrect, and should, therefore, be cancelled.

(24) On page 331, in the roll of the Grand Senior Counsellors, the name of Dr. Lucius Ernest Star appears under date of 1873. But he was made a counsellor in 1874, and accordingly his name should appear under that date.

(25) On page 331, in the roll of the Senior Counsellors, the name of Dr. Alexander McKinnon appears under the date of 1874. But he was elected a counsellor in 1876, and accordingly his name should appear under that date.

(26) On page 332, in the roll of Junior Counsellors, appears the name of Dr. James Paxton Barklay—the Barklay spelled with a "k." But Dr. Barclay himself spells his name with a "c," and it should, therefore, be so spelled in the register.

(27) Dr. James Grey Thomas, of Mobile, was elected a counsellor on the 10th of April, 1880.—See page 147 of the Transactions of that year; and, also, the roll of the counsellors elect in same volume, page 185. At the session of 1881 his name was ordered to be added to the roll of the counsellors under date of 1880; and this order was duly carried into effect. See Transactions of 1881, pages 220 and 267. His name appears again on the roll of 1882.--See page 283 of Transactions of said year. But his name does not appear on the revised roll of 1883; nor on that of 1884. In the meantime, it seems from the reports of the treasurer, that he has paid his dues regularly; from the minutes of the session of 1882 it appears that he

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attended said session, so there has been no occasion to drop him for non-attendance; and there is no record in any of the proceedings of the Association, since he became a member of it, of any order to drop his name from the roll. It is evident, therefore, that the absence of his name from the roll for the last two years is the result of some accident; and at the proper time I shall move to have it restored to the roll under the proper date.

(28) Dr. William Fletcher Thetford of Boligee, Greene county, was elected a counsellor on the 15th day of April, 1881.—See page 221 of the Transactions of that year; and also the roll of counsellors elect in same volume, page 268. At the session of 1882 his name was ordered to be added to the roll of counsellors under date of 1881.—See page 232 of Transactions of said year. And this order was carried into effect.—See same volume of Transactions, page 283. His name fails to occur on the revised roll of 1883, although he was in attendance on the session of that year, and is also missing from the revised roll of 1884. He has not been delinquent in attendance, and the reports of the treasurer show that his dues have been regularly paid. And there is no record in any of the proceedings of the Association, since he became a counsellor, of any order to drop his name from the roll. It is evident, therefore, that the absence of his name from the roll for the last two years is the result of some accident; and at the proper time I shall move to have it restored to the roll under the proper date.

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THE ANNUAL REPORT OF THE SECRETARY.

To the President of the Medical Association of the State of Alabama:

SIR—I have the honor to submit this, my Seventh Annual Report as your Secretary and executive officer for the past twelve months. Respectfully,

T. A. MEANS, M. D., *Secretary.*

EXCHANGES.

During the year many valuable books and papers have been receipted for and placed on the shelves of the library in the State Health Office at the Capitol. The State Health officer has also received quite a number of exchanges in addition to these, and are embraced in the list which here follows:

1. Alabama; (a) Biennial Report of the Alabama Insane Hospital, 1883-4, Peter Bryce, M. D., L. L. D., Superintendent, Tuskaloosa.

(b) Report of J. W. Lapsley, appointed to examine the accounts of the various State officers.

(c) The Madison county Board of Health, [report of the Secretary].

4. Annual message of Mortimer H. Jordan, M. D., of Birmingham, President of the Medical Association of the State of Alabama, delivered at the Selma Session, April 8, 1884.

5. Arkansas; Minutes of the State Medical Society, Ninth Annual Session, Little Rock, April 30 and May 1, 1884. R. G. Jennings, M. D., Secretary, Little Rock.

6. A practical manual for students and practitioners, by G. Sims Woodhead, M. D., F. R. C. P. E.

7. California; Transactions of the Medical Society, 1883-4, Sacramento. W. A. Briggs, M. D., Secretary, Sacramento.

8. Colorado; (a) Transactions of the State Medical Society. Fourteenth Annual Convention, Denver, June 1884. J. A. Fish, M. D., Secretary, Denver

(b) Collector of Customs.

10. Connecticut; (a) Eleventh Annual Report of the Board of Health of the city of New Haven, 1883.

(b) Proceedings of the State Medical Society, 1884. Ninety-Third Annual Convention, New Haven, May 28-9. New series, Vol. III, No. 1. J. B. St. Johns, M. D. Secretary, Hartford.

(c) Deterioration of the Puritan stock and its causes, by John Ellis, M. D.

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12. Georgia; (a) The Fifth Annual Report of the Board of Health of the city of Atlanta, 1883.
(b) Transactions of the Medical Association. Thirty-Fifth Annual Session, Macon, April 2, 3, 4, 1884. James A. Gray, M. D., Secretary, Atlanta.
(c) Sixth Annual Report of the Board of Health, city of Augusta, 1884.
(d) By-Laws, Rules and Regulations of the Board of Health of the city of Augusta.
17. Illinois; (a) Fifth annual report of the State Board of Health, 1883, by John H. Rauch, M. D., Secretary, Springfield.
(b) Sixth annual report of the State Board of Health, with appendixes. (A) Conspectus of the Medical Colleges of America, 1884; (B) official register of physicians and midwives of Illinois, 1884, Springfield.
(c) Practical recommendations for the exclusion of Asiatic cholera in North America. By John H. Rauch, M. D., Secretary, Illinois State Board of Health, 1884.
(d) Asiatic cholera in North America; National conference of the National Board of Health, St. Louis, Missouri, October 13-15, 1884. John H. Rauch, M. D , Secretary, Illinois State Board of Health.
(e) Sixth Annual Report of the State Board of Health, Vol. III, 1884.
(f) Public health laws of Illinois, and sanitary memoranda. Illinois State Board of Health, Springfield, 1884.
23. Indiana; (a) Rules and Regulations of the State Board of Health, 1884.
(b) Public Health and Vital Statistics, 1884.
(c) Transactions of the Medical Societies, thirty-fourth annual session, Indianapolis, June 10, 11, 12, 1884. E. J. Elder, M. D., Secretary, Indianapolis.
26. Kentucky; Proceedings, Addresses and Discussions of the third annual meeting of the Sanitary Council, Bardstown, May 26-7, 1884.
27. (a) Quarantine and Sanitary Operations of the Board of Health of the State of Louisiana, 1880-81-82-83. By Joseph Jones, M. D., President [pub. doc.].
(b) Proceedings of the Sanitary Conference of State Boards of Health, held in New Orleans, La., June 2, 3, 4, 1884.
(c) Board of Health of the State of Louisiana; its policy declared in resolution adopted at the re-organization, April 12, 1884.
(d) An approved quarantine system and obligation of the State; the question to be argued before the Senate Committee of the General Assembly of Louisiana, June 26, 1884.
(e) Quarantine and commerce; their antagonisms destructive to city and State; a reconstruction an imperative necessity; how this may be accomplished.
(f) Petition of the New Orleans Auxilliary Sanitary Association; the General Assembly of the State of Louisiana in favor of a law requiring the teaching of physiology and hygiene in the public schools.
(g) Board of Health of the State of Louisiana; address of the President.

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34. Maine; Transactions of the Medical Association, 1884, vol. viii, Part ii, Portland. Charles D. Smith, M. D., Secretary, Portland.
35. Manitoba; (a) [Crop Bulletins] Nos. 6, 9.
(b) Manual of acts and orders in council relating to the department of agriculture, statistics and health.
37. Maryland; (a) Transactions of the Medical and Chirurgical Faculty; eighty-sixth annual session, Baltimore, April, 1884. W. G. Register, M. D., Secretary, 122 Fayette Street, Baltimore.
(b) Proceedings of the second annual convention of the National Association of Master Plumbers of the United States, Baltimore, June 25-6-7, 1884.
39. Massachusetts; (a) Annual report of the Board of Health, 1883.
(b) Triennial catalogue and directory of the Massachusetts Medical Society, Boston, 1884.
(c) Medical Communications, Vol. xiii, No. iii, 1884.
42. Michigan; (a) Laws of Michigan relating to the public health, No. 211, Lansing, 1883.
(b) Names and addresses of the health officers in Michigan for the years 1884-5.
(c) Restriction and prevention of scarlet fever, issued by the State Board of Health, 1884.
(d) Transactions of the State Medical Society, No. iv, Vol. viii, 1883; Lansing, 1884. Henry B. Baker, M. D., Secretary, Lansing.
(e) Typhoid fever and low water in wells. By Henry B. Baker, M. D., Lansing, 1885; reprint No. 181.
46. Minnesota; (a) Tenth Annual Report of the State Board of Health, 1883-4; Report of 1881-2.
(b) Biennial Report of the State Board of Health, 1881-2.
(c) Transactions of the State Medical Society, 1884, St. Paul. C. H. Boardman, M. D., Secretary, St. Paul.
49. Mississippi; (a) Transactions of the State Medical Society, West Point, April, 1884. W. E. Todd, M. D., Secretary, Clinton.
(b) Biennial report of the State Board of Health, 1882-3.
51. Nebraska; Minutes of the sixteenth annual session of the State Medical Society, Omaha, May 13-14, 1884. A. Sv. Mansfelde, M. D., Secretary, Ashland.
52. New Hampshire; (a) Annual Report of the Registrar of Vital Statistics, Board of Health, and City Physician of the city of Concord to the City Council for 1883.
(b) Transactions of the Medical Society, Ninety-Fourth Annual Session, Concord, June 17, and 18, 1884. G. P. Course, M. D., Secretary, Concord.
54. New Jersey; Medical Society Transactions. One Hundred and Eighteenth Annual Meeting. William Pearson, M. D., Secretary, Orange.
55. New York; The 113th Annual Report of the State of New York Hospital and Bloomingsdale Asylum, 1883. David G. Murray, Secretary.

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(b) Report of the Commissioners of Health on Illuminating Gas, made to the Committee of the Council, Brooklyn, July 3, 1883.

(c) Fourth Annual Report of the State Board of Health. [Pub. Doc.] Albany, 1884.

(d) New York State Medical Association. Founded February, 1884.

(e) Contageous Pleuro-Pneumonia; Report of Proceedings at a conference held at the office of the Department of Health. Brooklyn, January 10, 1884.

(f) Annual Report of the Health Department of the City of Brooklyn, 1883.

(g) Transactions of the Medical Society, 1883-4. Seventy-Eighth Annual Session, Syracuse. W. Manlius Smith, M. D., Secretary, Albany.

62. Ohio; A State Board of Medical Examiners—by H. J. Sharp, M. D., of London, Ohio, 1884.

63. Oregon; Proceedings of the eleventh annual meeting of the State Medical Society. Portland, May 27-9, 1884; vol. xi.; E. P. Fraser, M. D., Secretary, Portland.

64. Rhode Island; (a) Transactions of the Medical Society, vol. iii., Part 1, 1883.

(b) Sixth Annual Report of the State Board of Health, 1884.

(c) Proposed plan for a Sewerage System, and for the disposal of sewerage of the city of Providence.

67. South Carolina; (a) Transactions of the Medical Association, Thirty-Fourth annual session, Florence, April 22-24, 1884. John Forrest, M. D., Secretary, Charleston.

(b) On the Prevention and Restriction of Asiatic Cholera; circular issued to the local boards of health by the State Board of Health, August, 1884.

(c) Fifth Annual Report of the State Board of Health, 1884.

70. Tennessee; (a) Fifth Annual Report of the Board of Health of the Taxing District of Shelby County (city of Memphis) 1883, by G. B. Thornton, M. D., president, Memphis.

(b) Report of the State Board of Health, quarterly meeting, Nashville, July 1st, 1884.

(c) Address on State Medicine, by Deering J. Roberts, M. D.

(d) Gulf Coast Quarantine, report of the State Board of Health, by G. B. Thornton, M. D., Memphis.

(e) Medical Society of the State of Tennessee, 1884.

75. Texas; Transactions of the State Medical Association, sixteenth annual session, Belton, April 22-25, 1884; W. J. Burt, M. D., Secretary, Austin.

76. Vermont; (a) Transactions of the Medical Society, 1883, Montpelier, J. S. Richmond, M. D.

(b) Medical Department, Thirty-Second Annual Announcement and Catalogue of the Alumni from 1854 to 1884-85.

(c) Transactions of the Medical Society for the year 1884; J. S. Richmond, M. D., Secretary, Woodstock.

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78. Washington. D. C.; (a) Annual Report of the National Board of Health, 1883.
(b) Thirteenth Annual Report, 1883, of the Board of Directors of the Children's Hospital of the District of Columbia, 1884; Samuel V. Niles, president, Washington.
(c) Report of the Health Officer, District of Columbia, 1883.
(d) Circulars of Information of the Bureau of Education, Nos. 2, 3, 4, 5, 1884.
(e) National Board of Health. Remarks before the Committee of Public Health of the House of Representatives, Washington, D. C.
(f) Marine Hospital Service, Second Annual Report of the Supervising Surgeon General, U. S. A.
84. West Virginia; Transactions of the Medical Society, Seventeenth Annual Session, Clarksburg, May 21, 22, 1884; Samuel L. Jepson, M. D., Secretary, Wheeling.
85. Wisconsin; Transactions of the State Medical Society for the year 1884, with constitution and by-laws; J. T. Reeve, M. D., Secretary, Appleton.

In addition to these the State Health Officer, during his recent visit to Washington, received, through the Department of the Interior, fifty-one (51) quarto volumes; five hundred and nine (509) octavo volumes bound, and twenty-four (24) octavo volumes unbound; total, 584.

THE CHARTERS

Granted, upon the recommendation of the Board of Censors, at the Selma session, to the counties of Cleburne, Elmore, Fayette, and Lamar, were duly executed by me and forwarded to their respective secretaries, a short while after adjournment of the session.

THE NEW SEAL OF THE ASSOCIATION.

At the session held in the city of Montgomery, April 12, 1881, and again in my report for 1884, I called attention to the defects in the seal of the Association, and recommended that a new one be obtained. To this end, by and with the advice and consent of the Senior Censor, I had executed two seals, or dies, the one representing the face, or obverse, the other the opposite or reverse, preserving in both *fac similes* of the original design for a seal, suggested by the Senior

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Censor in the draft for a new constitution submitted to the Association at the Mobile session, 1871. The cost of engraving, mounting, ribbon and wafers, amounted to $50.40.

The delay in issuing the last volume of the Transactions is due in part to broken machinery, crowded press-work, and to the tardiness of contributors in returning proof sent them for correction. In some instances, authors of papers were absent from home; hence, additional time was consumed, and delay occasioned. Type, in almost all printing offices, however pretentious, is limited, and when "tied up" in "forms," even for a few days, tends always to worry printers, publishers and proof readers. There are many other things, not necessary to enumerate here, which occur annually, to hinder the Committee of Publication in the discharge of its duties.

On the third of March last, Dr. Benjamin J. Baldwin, of Montgomery, tendered his resignation as a member of the Committee of Publication. His resignation was accepted, and Dr. Frank Tipton, of Selma, chosen to fill the vacancy. Dr. Tipton accepted the appointment, and entered at once upon the duties of the office.

THE PUBLISHING COMMITTEE

Printed eight hundred and fifty copies of the Transactions for 1884, at a cost of $1,533 40.

I have had printed for the use of the Association:

1884.	1000 postal cards	$14 00
	50 slips (notice to journals)	1 00
	500 note heads	2 00
	500 envelopes	2 00
1885.	1200 circulars (Secretary)	7 50
	1200 stamped envelopes, and printing same	14 80
	200 circulars (President Riggs)	5 00
	200 memorials (Cochran)	5 00
		$51 30

The following

SPECIAL NOTICE

And accompanying report were received from the Secretary of the New Jersey State Medical Society, and are here

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presented for your consideration. [This report bears title, "Report to the Medical Society of New Jersey of the special committee on primary education, made at its annual meeting, June, 1883."] The recommendations set forth therein have special reference to a schedule for the examination of persons who propose to begin the study of medicine, and is similar to section seven of "An act to regulate the practice of medicine in the State of Alabama."—See page seventy-seven of the Book of the Rules, third edition, 1883.

SPECIAL NOTICE.

To T. A. Means, M. D., Secretary of Alabama State Medical Society:

In accordance with resolution 5th, the Corresponding Secretary of the New Jersey State Medical Society herewith transmits the action of this Society on this subject to your State Medical Society, with the request that it be presented to your Society at its ensuing meeting.

It is earnestly hoped that such measures will be adopted as will secure the co-operation of your State Society in this effort to elevate the standard of medical education throughout the country.

Will you kindly communicate promptly to me the result of the action of your Society in this matter.

W. ELMER, Jr., M. D.,
Corresponding Secretary, Trenton, New Jersey.

The Corresponding Secretary was instructed to communicate the action of this society on the subject to the medical societies of the several States of the Union, and to respectfully request their co-operation in this effort to elevate the standard of medical education throughout the country.

REPORT TO THE MEDICAL SOCIETY OF NEW JERSEY OF THE SPECIAL COMMITTEE ON PRELIMINARY EDUCATION, MADE AT ITS ANNUAL MEETING, JUNE, 1883.

The Committee appointed at the last annual meeting of the Medical Society of New Jersey to present "a plan for putting into effect the suggestions made by the President in regard to the curriculum of medical study," respectfully report:

That they have bestowed much thought on the subject committed to them. They find it environed by many and grave difficulties. The resolution, in its full scope, would require the revision of the whole subject of medical education. For the execution of a task so extensive and radical, your committee feel that they have not the time, the facilities, nor the necessary ability; and it is apparent from the tenor of the address which

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gave occasion for their appointment, that the preliminary training to be required of persons contemplating the study of medicine in this State, was the matter whose importance the learned speaker desired to impress upon the Society. To this your committee propose to limit their consideration.

It is not necessary for your committee to enter upon an elaborate argument to prove the importance of the measure contemplated. It has been the theme of eloquent exhortation and discussion in our own and other societies, and it was ably and forcibly presented in the address to which this society listened at its last anniversary. The appointment of the committee presupposes a conviction, in the minds of the constituency, of the weighty nature of the subject-matter of the address, and that the time had come for practical action to realize its wise suggestions. The duty of your committee will be sufficiently discharged by a statement, as brief as the case will admit, of the conclusions to which they have been led by the best thought they have been able to give to its contemplation.

It would be comparatively easy to define what your committee deem an essential preparation for a course of medical study and submit such a plan, in general terms, as in their judgment would best insure it; but its practical execution must depend on the cordial co-operation of so many and so various agencies, influenced by so many and so various motives, that your committee, were they guided by their first impulses, would shrink from the formidable task. A plan, to be effectual, will require the assent and the hearty effort of the individual members of the profession, not only in our commonwealth, but in all the states of our national Union. The several medical organizations, national, state and local, must employ their power and influence to enforce and sustain individual action, and the medical colleges conform to the demand, which would then be imperative, to limit admission to their privileges to applicants having the qualifications that the profession, by its authorized exponents, shall have determined to be necessary for the maintenance of the proper standard.

The duty of your committee is two-fold. 1st. To indicate a proper curriculum of preliminary preparation to be exacted of every person applying to be received as a medical student under the care of a member of the profession in this State; and, 2d. To recommend suitable measures to secure such preparation.

The uses of a preliminary education to medical study are---1st, those which are common to all departments of intellectual labor, and are fitted to discipline the mental faculties so as to prepare them for profitable study, and their right exercise in the processes of observation, discrimination, analysis, deduction and reason; and 2d, those which will store the mind with a sufficient knowledge of the branches of science and learning that are cognate with, and essentially preparative to, those that specially pertain to the medical profession.

No one who estimates properly the profound and intricate subjects of medical study can doubt the indispensable necessity of bringing to their contemplation vigorous minds, sharpened by habits of nice perception, careful observation, patient, untiring investigation, absorbing abstraction and con-

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centration, a calm and imperturbable judgment, and a conscientious devotion to truth. There is no profession whose pursuit requires greater maturity or more systematic method; none, in the preparation for which, there is greater need for the culture best fitted to develop these indispensable qualities.

Much as has been discussed the question of the method of education best adapted to this kind of culture, it is now generally conceded that the curriculum of study adopted by our higher colleges and universities is that on which is to be placed the most reliance. Your committee would therefore recommend that all persons contemplating the study of medicine be advised to a preliminary college education, and that the possession of a diploma from a well equipped college or university be regarded as the best evidence of fitness. The objection so often advanced that this course exhausts so much time and incurs so much expense as to put it out of reach of many meritorious young men, well fitted by natural endowments for the functions of the medical practitioner, is effectually answered by the consideration that the responsibilities of a physician, to whom is entrusted the care of human life, are too great to be undertaken by those who have not, or cannot obtain, the means to fit themselves in the best possible way for the duties they propose to assume. Incompetence may be tolerated in pursuits which are resorted to for mere maintenance or pecuniary profit. The consequences will inure to the presumptuous pretender, and affect the material interests of those who employ him; but it will not do here. Ours is a profession whose aim is, or ought to be, higher than mere physical subsistence or solid pelf; and the consequences of incompetency touch the public health and life itself. He who conscientiously and from worthy motives aspires to it, if unfavored by fortune, will willingly submit to privations and struggles—themselves disciplinary and invigorating—to secure to himself the facilities he needs; and these are now, through college scholarships and educational institutions, maintained at the public expense, brought practically within the reach of the laudably ambitious and deserving, who earnestly desire and seek them.

In cases where the evidence of a preliminary education in a respectable college or university is not presented, your committee are of opinion that an equivalent or a near approximation to it should be exacted, and that the applicant should produce a certificate of a completed course in a reputable academy or high school, in which are taught, in addition to the English classical and mathematical branches required for admission to our most advanced colleges, intellectual and moral philosophy, rhetoric, logic, descriptive and physical geography, and the elements of physics, chemistry and natural history, including botany and zoology.

In default of either a college diploma or academic certificate, as above defined, the applicant, before being taken under the care of a physician for medical instruction, should be subjected to examination and approval by a competent censorship, appointed under the authority of the State Medical Society and composed of gentlemen of recognized capacity and scholarship,

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in the branches of science and learning indicated in the certificate to be required of the academic or high school graduate.

The question now occurs, what measures shall be taken to secure the attainment of these ends?

So far as our own state is concerned, it will be indispensable that every member of every District Medical Society be brought into harmonious concurrence, in sentiment and action, with the measures that shall be adopted. Your committee would therefore recommend:

1st. That the State Medical Society make such amendment of its by-laws as to provide for the appointment of one or more boards of examiners, as it shall deem expedient, to pass upon the credentials of all persons contemplating the study of medicine in this State; and to examine such persons as fail to present a diploma from some reputable college or university, or a certificate of a completed course in a reputable academy or high school, in which are taught the branches specified in the foregoing part of this report, in the following branches of science and learning, viz: English language and literature, and history; mathematics, including arithmetic, algebra, and geometry; latin language, including its grammar, and ability to translate with facility three books of the commentaries of Cæsar, two orations of Cicero, and two books of the Æneid of Virgil; Greek language, including its grammar, the Anabasis of Xenophon and two books of the Iliad of Homer; intellectual and moral philosophy, logic, rhetoric, descriptive and physical geography, and the elements of physics, chemistry and natural history, including botany and zoology.

2d. That the State Medical Society send down to the District Medical Societies a requisition to add to their by-laws a provision making it a condition of membership that every physician belonging to or coming into it, obligate himself to receive no person under his care as a student of medicine, without a certificate of a board of examiners, appointed under the authority of the State Medical Society, that the applicant has exhibited a satisfactory diploma or certificate, of the character defined in this report, or that he has been examined, with approval, in the several branches of learning and science heretofore specified.

Your committee are not prepared to give an opinion on the question whether the proposed censorship should be committed to one or two boards. Considerations of convenience and economy would suggest the institution of a board in connection with each of the District societies, and a resolution has already been adopted by this society, imposing on them the duty of appointing a committee of similar character, invested, however, with more limited functions. Other considerations would favor a single board, or at most three boards, one in the central and one each in the northern and southern parts of the State. Among these is the greater probability of securing the services of competent examiners, governed by a stronger sense of responsibility and less liable to be biased by local influences. It is worthy of consideration, also, whether it might not be advantageous, in constituting the examining board or boards, to select for one of its members some

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gentleman of acknowledged scholarly attainments not belonging to the profession.

Your committee have felt some hesitation in recommending the extreme penality of professional non-intercourse and disbarment from membership, in the case of physicians who may wilfully disregard the regulations that may be adopted; but so vital do they believe effective enactments on this subject to be, and so futile if put into partial execution, that they are constrained to propose them, cheerfully leaving it to the wisdom of the society to decide upon their expediency.

But whatever be the action taken in our own society, as has already been intimated, nothing short of the co-operation of other medical organizations, national, state and local, and of the medical colleges, can avail fully to accomplish the great result desired. Take what steps we may, if persons from other States, where like provisions do not prevail, continue to be received without evidence of preliminary preparation, and, after courses of professional instruction necessarily superficial, and an examination sustained through cramming, sent forth in myrmidons, armed with diplomas by scores of medical colleges, good, bad, and indifferent, what is to hinder invasion into our borders of half-educated men from abroad, to enjoy privileges denied to our own citizens, and to prey upon the health and lives of our own people? Your committee, therefore, recommend:

3d. That the action of this society be communicated to the medical societies of the several United States, with a request for their co-operation with this society, by the adoption of these or similar measures to secure the ends sought to be attained by this society.

4th. That a similar communication be addressed to the National Medical Association, asking its approval and recommendation to the State societies, with the request that it use its power or influence to induce medical colleges in affiliation with it to receive, or at least grant diplomas to, no students without satisfactory evidence of the preliminary training required in the regulations herein proposed.

The foregoing suggestions and recommendations are presented by your committee with great deference, as the product of much deliberation and careful thought. They can hardly expect that, on their first presentation, they will meet with unanimous concurrence. They are doubtless susceptible of improvement from the wisdom of the society. By some, the requirements may be considered too exacting. Others will probably concur with the members of the committee itself, in the opinion that the curriculum presented omits many studies that are essential to a well-rounded, liberal culture, such as ought reasonably to be expected of members of a learned profession. They have defined the minimum, not the maximum, of attainments which it should be the aim to reach.

The time is coming when mediocrity will not be tolerated. Public education has so elevated the common mind that it will not much longer be incapable of distinguishing between real science and boastful pretension; when self-assertion, plausible manners, an imposing presence, a pompous vocabulary or its opposite, coarse jocularity, and the show of learning with-

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out the substance, will cease to be the passport to popular confidence. The standard of scholarship and scientific knowledge in all the so-called learned professions must be raised, if they would not fall into merited contempt. Let us see to it that the title of "Doctor," with which common parlance has invested the physician, be a deserved distinction, not a meaningless misnomer. The movement now contemplated is a step in the right direction. It may be difficult of accomplishment; but, if the profession is true to itself, in its personality and in its corporate organizations, there is no reason of despair of success. The Medical Society of New Jersey—the oldest of the sisterhood of medical societies on the continent—may appropriately give impulse to a movement which, if successful, will crown the profession with honor, and add new lustre to her ancient renown. If, unfortunately, through want of co-operation, the effort end in disappointment, she may lament the infatuation of others, while she consoles herself with the assurance of an ancient critic, that "in great attempts 'tis noble even to fail."

Respectfully submitted,

S. H. Pennington,
Wm. Elmer, Jr.,
Alex. Rogers,
Committee.

At the regular annual meeting of the society held in June, 1884, Dr. Pennington, in behalf of the committee on education, made a verbal report, and offered the following resolutions:

Resolved, That this society approve and adopt the recommendations of the special committee on the curriculum of preparation to be required of persons contemplating the study of medicine in this State, as contained in the report presented at the last annual meeting of this society.

Resolved, That to carry out the recommendations of said report in regard to censorship, as therein contemplated, the society is of opinion that two boards of censors be appointed by the standing committee each year, consisting each of five members of this society, one for the northern and one for the southern part of the State, to whom should be presented for approval the credentials of all persons proposing the study of medicine, and in case of the insufficiency of such credentials, to examine the applicant in the branches of science and learning indicated in the report of the committee.

Resolved, That the standing committee prepare and report to the society for its adoption, such amendments of its by-laws as are necessary to carry out the plan and recommendations of the committee.

Resolved, That the Corresponding Secretary communicate the action of this society on this subject to the District Medical Societies of this State, with instructions to adopt such regulations as shall effectually secure the observance of the measures adopted by this society in their several localities.

Resolved, That the corresponding secretary communicate the action of this society on this subject to the State medical societies of the several States of the Union, and respectfully request their co-operation with us in

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this effort to elevate the standard of medical education throughout the country.

On motion of Dr. Parrish, the resolutions as a whole were, after due consideration, adopted.

In response to a series of resolutions offered by Dr. William O. Baldwin, of Montgomery, at the Selma session, relating to the action of New York State Medical Association on the New Code controversy, I received the following:

T. A. Means, M. D., Secretary Medical Society State of Alabama, Montgomery:

SIR:—Our Council of the New York State Medical Association receives with gratification the greetings of the Medical Association of the State of Alabama.

Though conscious of integrity of purpose in founding our new Association, and with full faith in the wisdom and utility of its establishment, still, words of encouragement and approval from those who viewed the contest from afar, are specially cheering.

It is the desire of the Council, by unanimous vote, that the thanks of the New York State Medical Association be sent to the Medical Association of the State of Alabama for the resolution relating to the organization of the New York State Medical Association, and to the protection of the honor of the profession in the maintenance of the National Code of Ethics.

Done at the session of the Council, held May 7th, 1884.

E. D. FURGUSON,
Corresponding Secretary.

Troy, New York, May 14, 1884.

SANITARY COUNCIL OF THE MISSISSIPPI VALLEY:

COMPOSED OF REPRESENTATIVES FROM THE STATES OF

Arkansas, Florida, Illinois, Indiana, Iowa, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Ohio, Tennessee, Texas, West Virginia, and Wisconsin.

OFFICE OF THE SECRETARY,
SPRINGFIELD, ILLINOIS, March 19, 1885.

Dear Doctor:

At the recent meeting of the Sanitary Council, a resolution was adopted requesting the various State Boards of Health to express to the President of the United States their views as to the contingent epidemic fund and the necessity for immediate action by the National government, through the National Board of Health, with reference to the anticipated invasion of Asiatic cholera.

The importance of promptly advising the President of the views of your Board on this subject is apparent.

Very respectfully, JOHN H. RAUCH.

T. A. Means, M. D., Montgomery, Ala.

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The report which here follows is that of the Executive Committee of the Sanitary Council of the Valley States, relating to the use of the contingent epidemic fund appropriated by Congress in aid of the State and local boards of health:

OFFICE OF THE SECRETARY,
SPRINGFIELD, ILL., March 16, 1885.

GROVER CLEVELAND, *President of the United States:*

SIR:—During the recent Seventh Annual Meeting of the Sanitary Council of the Mississippi Valley, held in the city of New Orleans, March 10-11, inst., the health organizations and commercial and transportation interests of twelve of the Valley States being represented, a special committee was appointed to formulate an expression of the views of the Council concerning the action necessary to be taken by municipalities, States and the general government with reference to the imminent danger of an invasion of Asiatic cholera during the coming season. The report of this committee was unanimously adopted by the Council, and it was subsequently

Resolved, That the executive committee be, and hereby is, instructed to forward to the President of the United States a copy of so much of the formulated views of the Council as relates to the use of the contingent epidemic fund and the National Board of Health.

In accordance with this instruction we have the honor to submit the following extract from the report as adopted by the Council:

The Sanitary Council is gratified to learn that Congress has appropriated a sum of money to be placed in the hands of the President of the United States, to be used in his discretion, in aid of State and local boards of health in the event of an actual or threatened epidemic of cholera or yellow fever, in preventing the introduction and spread of the same, and in maintaining inspections and quarantine at points of danger. Asiatic cholera threatens an incursion into the United States in the near future, and realizing—in the interests of life, health and commercial and industrial welfare—the vast importance of such preventive measures and adequate preparation for effective quarantine before the advent of foreign pestilences, so that they shall not come upon us defenseless and unprepared, the Sanitary Council respectfully and earnestly petitions the President of the United States to immediately convene the National Board of Health, and authorize its use of so much of the epidemic contingent fund as may be necessary for preparing and promptly enforcing a vigorous system of preventive measures in co-operation with, and in aid of State and local health organizations, with especial reference to Asiatic cholera.

It is not believed that any argument on the merits of this request is

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necessary; but should your Excellency desire such, the committee will take pleasure in responding to an intimation to that effect.

Very respectfully,

PINCKNEY THOMPSON, President,
(Kentucky State Board of Health.)
JOSEPH HOLT, Vice President,
(Louisiana State Board of Health.)
John H. RAUCH,
(Illinois State Board of Health.)
Executive Committee of the Sanitary Council.

The following appointments as delegates to the annual meeting of the American Medical Association, held in the city of Washington, D. C., May 6, 1884, were made by the President—Dr. Benj. H. Riggs—and certificates, with the seal of this Association affixed thereto, delivered to each delegate:

JEROME COCHRAN, M. D., Mobile.
GEORGE A. KETCHUM, M. D., Mobile.
WILLIAM A. MITCHELL, M. D., Eufaula.
AUGUSTUS J. REESE, M. D., Mobile.
CHARLES WHELAN, M. D., Birmingham.

Drs. Jerome Cochran, George A. Ketchum, and Augustus J. Reese, attended the meeting.

THE ROLLS AND RECORDS

Of the Association are being written up as rapidly as possible. Members are especially backward in furnishing the necessary data for insertion in the Book of the Rolls.

THE BOOK OF THE DEAD

Contains six portraits of deceased counsellors—Drs. Francis A. Ross and Edmund P. Gaines, of Mobile, having been added since the last session.

Notification was served by me to Drs. John Wyeth Barclay, of Huntsville; Curtis Burke Herbert, of Greenville; and Samuel Henry Lowery, of Huntsville, of the order of the Association striking their names from the Roll of Senior Counsellors for having been absent for three successive

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sessions; and to Dr. James Julius Winn, of Clayton, Junior Counsellor, as delinquent of dues for 1883.

As recommended by the Board of Censors, notification of election as correspondents of the Association was served on Drs. George Ernest Kumpè, of Madison, and Francis Armstrong Ross, of Mobile, Grand Senior Counsellors. Dr. Kumpè failed to answer, but Dr. Ross accepted the honor conferred.

Twelve hundred copies of the following circular were distributed March 1st to counsellors, correspondents, officers and members of the several county medical societies, and to the profession throughout the State:

THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

"*Nos Etiam Speravimus Meliora.*"

OFFICE OF THE SECRETARY, Montgomery, March 1, 1885.

The Annual Session of the Medical Association of the State of Alabama for the current year, will be held in the city of Greenville, commencing on the second Tuesday in April (14th), 1885, at 12 o'clock, noon, and continuing four days.

Every County Medical Society is required by the Constitution of the Association to send to every Annual Session two (2) Delegates to represent its interest and wishes, together with the annual fee of one dollar for every one of its members, not a Counsellor or a Delegate. Members paying this fee will receive copies of the Transactions in return.

Every County Medical Society is also required by the Constitution and Ordinances of the Association, to send up an annual report in relation to current status and work; said report to contain the following items of information, namely:

First.—The names of members and officers of the Society, together with the names of the Colleges in which they were graduated, and their post-office addresses; and when any members have been admitted on the certificate of the County Board of Medical Examiners, the facts should be so stated.

Second.—The names, colleges and post-office addresses of all regular physicians practicing medicine in the county who are not members of the county society.

Third.—The names, systems of practice, and post-office addresses of all physicians in the county who are engaged in the practice of any other than the regular system of medicine.

Fourth.—The names and post-office addresses of the medical practitioners

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of the county who, during the preceding calendar year, have died, or have discontinued the practice of medicine, or have moved from the county.

Fifth.—The names, colleges and post-office addresses of all Doctors of Medicine, who, during the preceding calendar year, have passed examinations before the County Board of Medical Examiners, with the results of the examinations, whether successful or unsuccessful.

Sixth.—The names, post-office addresses, and colleges, if any, of all others than members of the regular profession, who, during the preceding calendar year, have passed examinations before the County Board of Medical Examiners, with the results of the examinations, whether successful or unsuccessful.

Seventh.—The names and post-office addresses of all persons who, during the calendar year, have passed before the County Board of Medical Examiners, the examinations preliminary to the study of medicine, with the results of the examinations, whether successful or unsuccessful.

The phrase "calendar year," is intended to mean from the first day of January to the last day of December, including the two days mentioned. But the list of officers desired is that of the current year.

Heretofore many of these reports have been made out in a very perfunctory and unsatisfactory way. It is earnestly hoped that more care will be taken hereafter to have them full and accurate. Upon the death of a member, the date and college of graduation ; date of death and the disease of which he died, should be accurately given in a foot note in each report. All reports in any way defective will be returned for correction and amendment.

Individual members, or Boards of Censors, or County Societies, intending to prefer charges or complaints of any sort against other individual members or Boards of Censors or County Societies, will forward prompt notice of such intention to the Senior Censor, together with copies of the charges or complaints, so that the parties charged or complained of may receive due notice thereof, and have reasonable time to prepare their defense.

In the revision of the rolls, which is the special order of business for the last day of the session, County Medical Societies that have been gravely derelict or persistently negligent in the discharge of their duties under the Constitution of the Association and laws of the State, will be liable to censure or deprivation of character ; and all counsellors who have failed to pay their annual dues, or who have failed to attend three successive meetings of the Association, will be dropped from the College of Counsellors.

All Counsellors of five years standing, who have not already done so, are requested to furnish photographs of themselves, of cabinet size, for insertion in the Book of Portraits.

The administration of the law providing for the collection of vital statistics and the supervision of the public health, in the several counties of the State, has imposed upon the Association new, important and difficult duties; and in order that these duties may be properly discussed and understood,

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it is desirable that the approaching session of the Association should be numerously attended.

It is therefore hoped—

(1) That every Counsellor will consider it both a duty and a privilege to be at his post.

(2) That every County Society will come up to the full measure of its constitutional obligations by sending its full complement of Delegates.

(3) That all the County Health Officers will be in attendance for consultation with the Health Officer of the State.

(4) It is expected that Regular Reports will be submitted on the following subjects, namely:

The Poisonous effects of Tobacco; Hog-meat as a cause of Disease, directly and indirectly, in the State of Alabama; Treatment of Fractures; Scalp Wounds; Dysentery as it occurs near Greensboro, Alabama; Medical Progress in the 19th Century; Ergot in Cardiac Diseases; Fœtal Life.

A number of special Reports will be presented in relation to the diseases prevalent in various parts of the State during the past year.

It is hoped that members will come fully prepared to engage in the discussions that will occur in relation to these several subjects; and also to take part in the Omnibus Discussion.

Officers of Societies will please take such steps as may be necessary to collect the fee of one dollar for every member.

The Transactions they receive in return is worth three times the money, and is a necessity to every one who desires to do his whole duty to the Association.

It is of the greatest importance that every County Society in the Association should have Delegates in attendance, and it is earnestly hoped that none of the Societies will fail to make such arrangements as will render their representation certain.

It is proposed that, on the evening of the second day of the session, there shall be a general discussion of the ways and means best calculated to secure the successful administration of the law to regulate the practice of medicine and of the health laws of the State. To this end the fullest possible attendance of members of the County Boards, of County Health Officers and Assistant Health Officers, is earnestly requested.

The leader in the Omnibus Discussion has chosen the following subjects for debate, and they are here published for the benefit of those wishing to participate in the discussion:

First.—Organic and functional diseases of the heart.

Second.—Anesthetics in labor.

Third.—Erysipelas.

Fourth.—Apoplexy.

Fifth.—Potassium Iodide in Asthama and Consumption.

T. A. Means, M. D., Secretary.

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SPECIAL SESSION OF THE HOUSE OF COUNSELLORS AND COMMITTEE OF PUBLIC HEALTH.

Pursuant to a call from the President, Dr. Benjamin H. Riggs, of Selma, issued January 23, 1885, the House of Counsellors of the Medical Association of the State of Alabama met in special session in the State Health Office, in the city of Montgomery, January 29, 1885.

The meeting was called to order by the President at 12 o'clock, noon. Upon the call of the roll, the following Censors and Counsellors answered to their names:

There were present of the Grand Senior Counsellors—

Drs. Peter Bryce, of Tuskaloosa; Jerome Cochran, of Mobile; John J. Dement, of Huntsville; Walter C. Jackson, of Montgomery; Mortimer H. Jordan, of Birmingham; Alexander A. McKittrick, of Evergreen; Benjamin H. Riggs, of Selma; Job S. Weatherly, of Montgomery—8.

There were present of the Senior Counsellors—

Drs. Milton C. Baldridge, of Huntsville; John R. Hoffman, of Athens; Samuel M. Hogan, of Union Springs; Daniel S. Hopping, of Letohatchie; William H. Johnston, of Selma; John C. Lee, of Blount Springs; Thomas A. Means, of Montgomery; Francis M. Prince, of Jonesboro; John A. Pritchett, of Hayneville; William H. Sanders, of Mobile; Samuel D. Seelye, of Montgomery; Job Thigpen, of Greenville—12.

There were present of the Junior Counsellors—

Drs. Andrew Bowie, of Benton; Pugh H. Brown, of Troy; Aurelius G. Emory, of Opelika; Charles H. Franklin, of Union Springs; James B. Luckie, of Birmingham; George W. Pearce, of Oxford; Samuel P. Smith, of Prattville; Frank Tipton, of Selma; Wooten M. Wilkerson, of Montgomery—8.

There were present of the Board of Censors and Committee of Public Health—

Drs. Peter Bryce, Jerome Cochran (Senior Censor), John J. Dement, John R. Hoffman, William H. Johnston, William H. Sanders, Samuel D. Seelye, Job S. Weatherly—8.

Drs. George A. Ketchum, of Mobile, and Francis M. Peterson, of Greensboro, were the only members of the board absent, and from whom the President read letters expressing regrets at not being presentat the meeting.

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Of members of the Association not Counsellors, there were present—

Drs. John H. Blue, of Montgomery; Shirley Bragg, of Lowndesboro; Phillip N. Cilley, of Lowndesboro; Albert Goodwin, of Eufaula; John F. Johnston of Montgomery; Joel B. Kendrick, of Greenville; George W. McDade, of Montgomery; H. P. McWhorter, of Collinsville; LeRoy J. Simpson, of Montgomery; W. M. Turney, of Falkville; Isaac L. Watkins, of Union Springs; Charles Whelan, of Birmingham; Milton L. Wood, of Montgomery; Robert M. Woods, of Garfield—14.

Of visiting physicians not members there were present—

Drs. Hill, of Talladega; Dudley Robinson, of Montgomery; H. K. Smisson, of Dale; G R. Sullivan, of Madison; E. T. Talliafero, of Madison; A. B. Taylor, of Randolph; James A. Wilkinson, of Fomaton—7.

The President read letters from Drs. Capers C. Jones, of Snow Hill, Wilcox county; William T. McAllister, of Marion, Perry county; Thaddeus L. Robertson, of Oxford, Calhoun county; Oscar L. Shivers, of Newbern, Hale county; Powhattan G. Trent, of Rock Mills, Randolph county, members of the House of Counsellors, expressing their regrets at not being present at the session.

President Riggs stated that the object for which the special session of the House of Counsellors and Committee of Public Health was called, was to take action with regard to several bills now before the General Assembly, materially affecting the interest of the profession and the sanitary welfare of the State, and of certain charges anonymously circulated against the State Health Officer. He therefore desired a full and free discussion of the questions at issue, as they were of vital interest, not alone to the Medical Association of the State of Alabama, but to the profession of the State at large.

The questions at issue were discussed very earnestly and at length by the assembled Counsellors, who finally adopted the following editorial, which appeared in the Tuskaloosa *Gazette*, as expressing their views:

THE STATE HEALTH OFFICER.

Our attention has been called in the Legislative proceedings to the introduction of several bills, which, if passed by the General Assembly, must

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effect most disastrously the present health laws of the State. Alabama has been peculiarly fortunate in the statutory provisions regulating the practice of medicine within her borders, and in protecting and promoting the sanitary interests of her citizens. Her laws are conceded to be more progressive in these respects than those of any other State; and what is of no less importance, they are attended with but trifling expense to the people. We shall not have space in this brief article to notice these laws further than to say that they have been alike beneficial and far reaching in their results, both in guarding the public health and elevating the standard of medicine in Alabama.

The successful execution of these laws must depend, in a large degree, upon the efficiency of the State Health Officer, and if the bill to abolish this office by withholding the appropriation should become a law, it is plain that the most disastrous consequences will follow. We do not believe, however, that our legislators can be influenced to take this backward step and thus sacrifice all the material progress that the State has made in sanitary science.

The system of collecting the vital statistics of the State, though not perfected, is said by experienced statisticians to be the most ingenious and economical ever yet devised, and while it may still be said to be on trial, it is believed by many to be eminently practicable.

Our system of protecting the public against the invasion of epidemics and contagious diseases from abroad is as perfect as the nature of the case admits, and under the fostering care of the State may be made to meet all the exigencies of the future.

By the establishment of Boards of Health in the several counties the sanitary wants of every part of the State are faithfully and intelligently guarded, without cost, by the resident physicians; and by a system of examinations of applicants who desire to practice medicine in the community, fairly conducted by these boards, the health, as well as the pockets of the public are protected against the innumerable quacks and peripatetic impostors who infest the country.

These are some of the more important functions of the Boards of Health as they are at present organized under the health laws of the State, and it will be seen at a glance that they are of sufficient importance to justify the prediction of disastrous consequences if they should be tampered with or repealed. If, however, the act to carry into effect the health laws of the State, which appropriates the comparatively small sum of $3,000 per annum to defray all the expenses incident to the execution of these laws, should be repealed, it is evident that the machinery of the organization must cease to be effective for want of a head. The work of the State Health Officer requires his entire time, and cannot be performed without compensation; and it is both unwise and unreasonable to expect it.

The sum appropriated for the purpose is comparatively insignificant in consideration of the good effected and the work accomplished under the direction of the health officer.

But it is no secret that the repealing bill is an attempt to legislate the

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incumbent, Dr. Cochran, out of office. Now, without stopping to discuss the incumbent's efficiency or fitness for this particular work, we happen to know that he is one of the most learned and accurate scholars, both in and out of the line of his profession, that we have ever met. We know that he has been honored, on one occasion, at least by the National government, with an appointment to a position in one of its most scientific bodies; and that he is said by every one to be a man of indomitable energy and superb executive ability. We have it from the best authority that the present thorough organization of the medical profession of the State is due more to his far-reaching sagacity than to any other cause, or combination of causes.

The following several propositions were adopted as compendiously expressing the conclusions reached by the assembled Censors and Counsellors after full and fair discussion. The vote upon every separate proposition was unanimous; and the vote upon the vindication of the State Health Officer was taken under the call of the ayes and nays:

(1) The State Board of Health declines to be separated from the State Health Officer in the matter of responsibilty for his official conduct. He is the servant of the Board, and obeys their orders. The Board is responsible for his election and re-election and for all the expenditures made in the administration of the health laws of the State; and has also the power to remove him at any time for good and sufficient reasons.

We have had before us no formal charges and specifications, but we have investigated the charges anonymously printed in the Florence Star and the Montgomery Advertiser to the effect, that he is an impracticable theorist; that he is generally inefficient; and that this inefficiency was specially exhibited by him in connection with the outbreak of yellow fever at Pensacola in 1882, and at Brewton in 1883.

In regard to these charges, we have to say—(1) That the occasions to which they relate occurred a long time ago, and that if there was any foundation of fact for such charges they should have been submitted to the State Board at the annual meetings of 1883 and 1884, so that they might have been promptly disposed of; and (2), that having now considered these charges in the light of all the facts accessible to us, we hereby pronounce them to be wholly without foundation and untrue; and, finally, we add our hearty endorsement of the resolution passed in regard to him on the occasion of his re-election at the annual session of the State Board in Selma, in April last, as follows:

Resolved, That on the re-election of Dr. Jerome Cochran to the important office of Health Officer of the State, the Board of Censors take the occasion to express their high appreciation of his valuable services in the past, to return him their thanks for the very thorough and satisfactory manner in which he has performed the delicate, arduous and difficult duties of the

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office, and to commend him anew to the profession and people of the State of Alabama as an officer entitled in every respect to their continued confidence and esteem.

(2) It has been asserted in anonymous newspaper articles that the appropriation made by the State for the uses of the State Board has borne no fruit, has resulted in no good to the State. This statement is utterly untrue. On the contrary, we make the assertion and stand ready to prove it, that in proportion to the amount of money expended the amount and importance of the work done under the direction of the State Board of Health will compare favorably with that done in any other department of the State government.

(3) In view of all the facts in the case, and with full appreciation of our responsibility as the medical advisors of the State under the law, we respectfully represent to the General Assembly that the enactment into law of any of the bills now pending for the repeal or modification of our existing medical and health laws would be unwise and inexpedient, and seriously detrimental to the best interests of the medical profession and of the people of the State.

Dr. Jerome Cochran moved that a committee of five be appointed to prepare a memorial containing the conclusions reached by the meeting, for transmission to the General Assembly, and to represent the State Board of Health before the ways and means committee of the House of Representatives when they meet for the consideration of the Wells bill. Adopted.

On motion of Dr. John J. Dement, the president was added to the committee as chairman.

Committee: Benj. H. Riggs, M. D., Peter Bryce, M. D., William H. Sanders, M. D., John J. Dement, M. D., Milton C. Baldridge, M. D., Jerome Cochran, M. D.

On motion the meeting adjourned without day.

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THE ANNUAL REPORT OF THE TREASURER.

WALTER CLARKE JACKSON, M. D., *Treasurer*,

In account with the Medical Association of the State of Alabama, from April 8, 1884, to April 15, 1885.

TO DUES OF COUNSELLORS.	Dr.
Abernethy, William Henry, Sedan, Wilcox county	$ 10 00
Anderson, William Henry, Mobile, Mobile county	10 00
Baldridge, Milton Columbus, Huntsville, Madison county	10 00
Barclay, James Paxton, Eutaw, Greene county	10 00
Bowie, Andrew, Benton, Lowndes county	10 00
Brockway, Dudley Samuel, Coatopa, Sumter county	10 00
Brown, George Washington, Pratt Mines, Jefferson county	10 00
Brown, Pugh H., Troy, Pike county	10 00
Bryce, Peter, Tuskaloosa, Tuskaloosa county	10 00
Caffey, Hugh William, Hayneville, Lowndes county	10 00
Cason, Davis Elmore, Ashville, St. Clair county	10 00
Cochran, Jerome, Mobile, Mobile county	10 00
Cross, Benjamin Franklin, Decatur, Morgan county	10 00
Cross, William Cyprian, Centreville, Bibb county	10 00
Dement, John Jefferson, Huntsville, Madison county	10 00
DuBose, Wilds Scott, Columbiana, Shelby county	10 00
Emory, Aurelius Grigsby, Opelika, Lee county	10 00
Franklin, Charles Higgs, Union Springs, Bullock county	10 00
Furniss, John Perkins, Selma, Dallas county	10 00
Gaines, Edmund Pendleton, Mobile, Mobile county	10 00
Gaines, Vivian Pendleton, Mt. Sterling, Choctaw county	10 00
Gaston, John Brown, Montgomery, Montgomery county	10 00
Godfrey, James Myers, Sumterville, Sumter county	10 00
Goggans, James Adrian, Alexander City, Tallapoosa county	10 00
Goodwin, James Anderson, Jasper, Walker county	10 00
Gordon, Frederick Elliott, Mobile, Mobile county	10 00
Hayes, Robert Hughes, Union Springs, Bullock county	10 00
Hendrick, Gustavus, Brundidge, Pike county	10 00
Heustis, James Fountain, Mobile, Mobile county	10 00
Hill, Samuel Henry, Carrollton, Pickens county	10 00
Hoffman, John Richardson, Athens, Limestone county	10 00
Hogan, Samuel Mardis, Union Springs, Bullock county	10 00
Holt, Simon Augustus, Eufaula, Barbour county	10 00
Hopping, Daniel Stiles, Letohatchie, Lowndes county	10 00
Jackson, Robert Dandridge, Summerfield, Dallas county	10 00

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Jackson, Walter Clarke, Montgomery, Montgomery county.....$	10 00
Jay, Andrew, Evergreen, Conecuh county.....	10 00
Johnston, William Henry, Selma, Dallas county.....	10 00
Jones, Capers Capehart, Snow Hill, Wilcox county.....	10 00
Jordan, Mortimer Harvey, Birmingham, Jefferson county.....	10 00
Kendrick, Joel Cloud, Greenville, Butler county.....	10 00
Kendrick, William Thomas, Oakey Streak, Butler county.....	10 00
Ketchum, George Augustus, Mobile, Mobile county.....	10 00
Lee, John Cooper, Blount Springs, Blount county.....	10 00
Luckie, James Buchner, Birmingham, Jefferson county.....	10 00
Means, Thomas Alexander, Montgomery, Montgomery county ...	10 00
McAllister, William Thomas, Marion, Perry county.....	10 00
Michel, Richard Fraser, Montgomery, Montgomery county.....	10 00
McDaniel, Edward Davies, Camden, Wilcox county.....	10 00
Mitchell, William Augustus, Eufaula, Barbour county	10 00
McKinnon, John Alexander, Selma, Dallas county.....	10 00
McKittrick, Adam Alexander, Evergreen, Conecuh county.....	10 00
Moody, Joseph Bridgeville, Pickens county.....	10 00
Morgan, Isaac DuBose, Eutaw, Greene county.....	10 00
Mushat, John Patrick, Hayneville, Lowndes county.....	10 00
Parham, John Calhoun, Gainesville, Sumter county.....	10 00
Parke, Clifford Daniel, Selma, Dallas county.....	10 00
Pearce, John Washington, Oxford, Calhoun county.	10 00
Peterson, Francis Marion, Greensboro, Hale county.....	10 00
Phillips, William Crawford, Selma, Dallas county.....	10 00
Prince, Francis Marion, Jonesboro, Jefferson county.....	10 00
Pritchett, John Albert, Hayneville, Lowndes county.....	10 00
Purnell, William Thomas, Prairie Bluff, Wilcox county	10 00
Reese, Augustus Jordan, Mobile, Mobile county.....	10 00
Riggs, Benjamin Hogan, Selma, Dallas county	10 00
Robertson, Thaddeus Lindlay, Oxford, Calhoun county.....	10 00
Rorex, James Polk, Scottsboro, Jackson county.....	10 00
Sanders, Charles Peake, Pleasant Ridge, Greene county.....	10 00
Sanders, William Henry, Mobile, Mobile county.....	10 00
Sawyer, William Templeton, Whistler, Mobile county.....	10 00
Sears, John William, Birmingham, Jefferson county.....	10 00
Seelye, Samuel Dibble, Montgomery, Montgomery county.....	10 00
Shivers, Offa Lunsford, Marion, Perry county.....	10 00
Sholl, Edward Henry, Birmingham, Jefferson county.....	10 00
Sledge, William Henry, Livingston, Sumter county.....	10 00
Smith, Daniel Edgarly, Mobile, Mobile county	10 00
Smith, Samuel Parish, Prattville, Autauga county.....	10 00
Starr, Lucius Ernest, Camden, Wilcox county.....	10 00
Stovall, Andrew McAdams, Jasper, Walker county.....	10 00
Thetford, William Fletcher, Boligee, Greene county.....	10 00
Thigpen, Job, Greenville, Butler county.....	10 00
Thomas, James Gray, Mobile, Mobile county.....	10 00

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Tipton, Frank, Selma, Dallas county	$ 10 00
Toxey, Caleb, Mobile, Mobile county	10 00
Wall, Conrad, Forest Home, Butler county	10 00
Ward, Henry Bascom, Cuba, Sumter county	10 00
Weatherly, Job Sobieski, Montgomery, Montgomery county	10 00
Webb, Robert Dickens, Livingston, Sumter county	10 00
Wilkerson, Wooten Moore, Montgomery, Montgomery county	10 00
Wright, Milton Roil, Gadsden, Etowah county	10 00
Amount of dues from Counsellors	$ 900 00

TO AMOUNT OF DUES FROM COUNSELLORS ELECT.

Huggins, Jacob, Newbern, Hale county	$ 5 00
Huger, Richard Proctor, Anniston, Calhoun county	5 00
King, Goldsby, Selma, Dallas county	5 00
Jones, John Paul, Camden, Wilcox county	5 00
Gunn, James Hamlin, Calera, Shelby county	5 00
Searcy, James Thomas, Tuskaloosa, Tuskaloosa county	5 00
Trent, Powhatan Green, Rock Mills, Randolph county	5 00
Williams, Charles Washington, Allsborough, Colbert county	5 00
Total amount of dues from Counsellors elect	$ 40 00

TO AMOUNT OF DUES FROM DELEGATES.

Alexander, Howard Augustus, Tuskegee, Macon county	$ 5 00
Arberry, William Buchanan, Notasulga, Macon county	5 00
Baldwin, Benjamin James, Montgomery, Montgomery county	5 00
Bragg, Shirley, Lowndesboro, Lowndes county	5 00
Bruner, Pinckney McDonald, Bragg's Store, Lowndes county	5 00
Cartwright, Oscar B., Decatur, Morgan county	5 00
Carson, Shelby Chadwick, Burton Hill, Greene county	5 00
Duggar, Hobart Cobbs, Van Dorn, Marengo county	5 00
Dailey, Fielden Straughn, Kempville, Monroe county	5 00
Donahoe, Floyd G., Murphree's Valley, Blount county	5 00
Foster, Benjamin Jesse, Listra, Chambers county	5 00
Foster, Robert J., Branchville, St. Clair county	5 00
Foster, George Winfield, Stevenson, Jackson county	5 00
Forster, James George, Livingston, Sumter county	5 00
Gunn, James Hamlin, Calera, Shelby county	5 00
Groves, Joseph Asbury, Brown's, Dallas county	5 00
Goodwin, Albert, Eufaula, Barbour county	5 00
Gilmer, Abram Bessent, Butler, Choctaw county	5 00
Hudleston, William Allen, Wetumpka, Elmore county	5 00
Howard, Thomas Greenwood, Mulberry, Autauga county	5 00
Huggins, Jacob, Newbern, Hale county	5 00
Hendon, Albert L., Holley Grove, Walker county	5 00
Harveley, John Bunyan, Belmont, Sumter county	5 00

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Huger, Richard Procter, Anniston, Calhoun county	$ 5 00
Inge, Henry Tutwiler, Mobile, Mobile county	5 00
Jones, John Paul, Camden, Wilcox county	5 00
Kennedy, John Oscar, Kennedy, Lamar county	5 00
King, Goldsby, Selma, Dallas county	5 00
Langhorn, John Miller, Uniontown, Perry county	5 00
Ligon, Wilson Melton, Oakfuskee, Cleburne county	5 00
Macon, Joseph Sumter, Hayes' Store, Madison county	5 00
McLain, David Henry, Maysville, Madison county	5 00
Meredith, William Bell, Montevallo, Shelby county	5 00
Matheson, Alexander Church, Camden, Wilcox county	5 00
McCane, J. J., Glasgow, Butler county	5 00
Morris, Charles Thomas, Lawrenceville, Henry county	5 00
Nolan, Abner Jackson, Newsite, Tallapoosa county	5 00
Pearce, Thomas William, Knoxville, Greene county	5 00
Riggs, E. Powell, Birmingham, Jefferson county	5 00
Searcy, James Thomas, Tuskaloosa, Tuskaloosa county	5 00
Sheppard, Orlando Waters, Edwardsville, Cleburne county	5 00
Simpson, LeRoy Johnston, Montgomery, Montgomery county	5 00
Smith, Barton Brown, Larkinsville, Jackson county	5 00
Southall, Robert Gordon, Jr., Mobile, Mobile county	5 00
Thompson, Elias Benson, Marion, Perry county	5 00
Trent, Powhatan Green, Rock Mills, Randolph county	5 00
Ward, Edward Burton, Greensboro, Hale county	5 00
Watkins, Joseph S., Flint, Morgan county	5 00
Whelan, Charles, Birmingham, Jefferson county	5 00
Williams, Charles Washington, Allsborough, Colbert county	5 00
Wood, Joseph Harden, Attalla, Etowah county	5 00
Wood, Robert Wilson, Willingham, Fayette county	5 00
Total amount of dues from Delegates	$ 260 00

TO AMOUNT DUES COUNTY MEDICAL SOCIETIES.

Autauga County Medical Society	$ 8 00
Barbour " " "	6 00
Bibb " " "	7 00
Blount " " "	7 00
Bullock " " "	16 00
Butler " " "	9 00
Calhoun " " "	19 00
Chambers " " "	11 00
Chilton " " "	14 00
Cleburne " " "	5 00
Colbert " " "	10 00
Conecuh " " "	7 00
Choctaw " " "	12 00
Dallas " " "	8 00

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Etowah	County	Medical	Society	$	7 00
Greene	"	"	"		21 00
Hale	"	"	"		10 00
Henry	"	"	"		9 00
Jackson	"	"	"		14 00
Jefferson	"	"	"		8 00
Lawrence	"	"	"		8 00
Lee	"	"	"		12 00
Limestone	"	"	"		11 00
Lowndes	"	"	"		12 00
Macon	"	"	"		11 00
Madison	"	"	"		10 00
Marengo	"	"	"		10 00
Mobile	"	"	"		9 00
Monroe	"	"	"		11 00
Mon'gomery	"	"	"		11 00
Morgan	"	"	"		16 00
Perry	"	"	"		17 00
Pickens	"	"	"		9 00
Pike	"	"	"		7 00
Randolph	"	"	"		7 00
St. Clair	"	"	"		11 00
Sumter	"	"	"		12 00
Tallapoosa	"	"	"		10 00
Tuskaloosa	"	"	"		14 00
Walker	"	"	"		9 00
Wilcox	"	"	"		4 00
Total dues from Medical Societies				$	426 00

To amount received from Dr. J. Bedar Kendrick	$	1 00
" " " New York Life Insurance Company		2 50
" " " F. S. McMahon		1 00
" " " Scott and Brown, New York		2 50
Total	$	7 00

STATEMENT.

		Dr.
To amount of dues from Counsellors	$	900 00
Counsellors elect		40 00
Delegates		260 00
Medical Societies		426 00
Other sources		7 00
On hand last report		188 08
To balance, (deficiency)		37 22
Total	$	1,858 30

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		Cr.
By amount expended at Selma session	$ 29 30	
W. D. Brown & Co., Transactions	1,573 60	
salary of Secretary	100 00	
" Treasurer	100 00	
Joel White, stationery and seals	50 40	
postage stamps and stationery, Tr,	5 00	
		$1,858 30

Elmore, Fayette, Lamar and Shelby County Medical Societies, have failed to pay their dues for this year.

Drs. Joseph Bevans, of Gadsden, Etowah county, Richard Nathaniel Hawkins of Calera, Shelby county, and Charles McAlpin Watson, of Eutaw, Greene county, failed to send in their dues as Counsellors.

WALTER C. JACKSON, M. D.,
Treasurer M. A. S. A.

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BUSINESS REPORTS OF COUNTY SOCIETIES.

Business reports from fifty-two county societies were handed to the Secretary and referred, under the rules, to the Board of Censors:

Autauga County.—Report rendered and dues paid. No representation. Status nor work of the society mentioned in the report. Membership, 9.

Barbour County.—Report rendered and dues paid. No representation. Membership, 14. Status nor work of the society mentioned in the report.

Bibb County.—Report rendered and dues paid. No representation. Membership, 8.

Blount County.—Report rendered and dues paid. No representation. Status of this society not satisfactory.

Bullock County.—Report rendered and dues paid. Represented by one Delegate, three Counsellors and Health Officer. Membership, 18. The Secretary reports six meetings during the year with an average attendance of six members. At these meetings essays were read, voluntary reports of important cases received and discussed, and an omnibus discussion also held. At each monthly meeting, essays upon surgery, medicine and hygiene, indigenous *materia medica*, climatology and topography were read and discussed and regular monthly reports received from health officer. This office began the collection of vital statistics in July, 1881, and has already realized many of the difficulties complained of by other health officers, arising largely from the novelty of the undertaking and a proper want of appreciation of its importance.

Much effort has been made to inform those whose duty it is under the law, to make the reports and disseminate such knowledge by means of newspaper articles and circulars. These methods have been so successful as to enable the society to make each year's work an improvement of about

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twenty per cent. upon that of the year previous. From the success thus attained, they hope to render reports in future nearly correct. The county societies and health officers in the several health precincts of the county work in harmony, each doing his fair share of the labor. They are encouraged by the assistance offered them by the county court, which contributes with fair liberality to the enterprise. The citizens, too, are becoming interested and impressed with the sanitary importance of the law.

The perfect success already attained is due in most part to the fidelity of the physicians of the county.

Butler County.—Report rendered and dues paid. Represented by two Delegates, four Counsellors, Health Officer and four physicians visiting. This society is reported in vigorous condition, every member striving to keep up the standard of excellency already attained by hard work. It records a membership of 19.

The Health Officer is doing his duty; makes monthly returns to the State Health Office, and hopes to perfect the system of vital statistics at no distant day. Circulars, with the signature of the President of the Board of Censors, have been issued and scattered broadcast over the country, calling attention of the people to the law regulating the collection of vital statistics, and the penalty attached for failing to make proper returns. This has proven a success which in time will correct existing errors in the vital records of the county.

Chambers County.—Report rendered through the mails and dues paid. This Society had no representative at the Greenville session, but reports through its Secretary a fair average efficiency. Membership, 10.

Chilton County.—This Society rendered no report, nor was it represented in any way. It has also failed to pay its dues.

Choctaw County.—This Society sent up no report; had no representative, and failed to pay its dues. Last year's membership, 15.

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Cleburne County.—Report rendered and dues unpaid. Represented by two Delegates and Health Officer. The status of this Society was reported good, and its membership faithful in the discharge of its duties. Enrollment, 9.

Colbert County.—This Society failed both in representation, report, and payment of dues.

Calhoun County.—Report rendered and dues paid. No representation. Since adjournment of the session the Secretary has rendered his annual report, showing a full and active membership. There were four examinations for the practice of medicine, and certificates issued by the County Board, and one resignation. Membership, 22.

The meetings are well attended, and all the important subjects pertaining to practice, surgery, and the best method of collecting vital statistics, discussed.

Notices were served upon a number of physicians practicing in the county to appear before the County Board, but all left for parts unknown. There was no report from the Health Officer.

Conecuh County.—Report rendered and dues paid. Represented by one Delegate, two Counsellors, Health Officer, and one visitor. Membership, 9. This Society, though numerically weak, has strength of purpose and promises abundant success in future.

Coosa County.—Report rendered, dues unpaid. Represented by one Delegate and one visitor. Membership, 10. Status of this Society reasonably satisfactory.

Crenshaw County.—Report rendered and dues paid. Represented by one Delegate. Membership, 8. This Society is reported in fair condition.

Dallas County.—Report rendered and dues paid. Represented by two Counsellors. Membership, 28—two in excess of last year. The Secretary reports this Society in an exceedingly healthy condition, with a full working force.

Elmore County.—Report rendered and dues paid. Represented by one Delegate. Membership, 16—six in excess

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of last year, indicating a prosperous and healthy state of things.

Etowah County.—Report rendered and dues paid. Represented by one Counsellor. Membership, 8—two less than last year. Its condition is represented to be fairly satisfactory.

Fayette County.—Report rendered and dues paid. Represented by one Delegate. Membership, 15—five in excess of last year. This Society is reported to be in fair condition.

Greene County.—This Society tendered the surrender of its charter at this session, therefore no report was received from it.

Hale County.—This county failed in representation, but rendered its report and paid the dues. Membership, 12. It is reported to be in a fairly satisfactory condition.

Henry County.—Report rendered and dues paid. Represented by one Delegate. Membership, 11. This Society is reported to be in a fairly satisfactory condition.

Jackson County.—Report rendered and dues paid. Represented by one Delegate, and reports a membership of 15—three less than last year. Reasonably satisfactory.

Jefferson County.—Report rendered and dues paid. Represented by two Delegates, two Counsellors, Health Officer, and one visitor. Membership, 27. This Society is reported to be in an exceedingly healthy condition, and the Health Officer active in the discharge of his duties.

Lamar County.—Report rendered and dues paid. Represented by one Delegate. Membership, 7. This county is reported to be in a more healthy condition since its re-organization in 1884.

Lawrence County.—This society failed in representation at the Greenville session, sent in its report, but failed to pay dues. Nothing satisfactory was obtained from it.

Lee County.—Report rendered and dues paid. Represented by one Counsellor. Membership, 11. This county is reported to be in an unsatisfactory condition.

Limestone County.—This county rendered its report and

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paid the dues, but failed in representation. The report shows a membership of 10, one in excess of last year. It is represented to be in a reasonably healthy condition.

Lowndes County.—Report rendered and dues paid. Represented by two Delegates, four Counsellors, Health Officer and two visitors. This Society reports a fair attendance at each meeting. It is active and fully alive to the work in hand. The Health Officer makes no report of his division of the labor. It has a membership of 13.

Macon County.—Report rendered and dues paid. Represented by one Delegate. Membership, 10. This county is reported to be in fair working order.

Madison County.—Report rendered and dues paid. Represented by two Counsellors. It reports an active membership of 16, two in excess of last year, and is fully up to the requirements of County Medical Societies.

Marengo County.—Report rendered and dues paid. Although failing in representation, the Society reports a fair working membership of 12.

Mobile County.—Report rendered and dues paid. Represented by two Delegates, six Counsellors, and enrolls a membership of 25. This Society is reported to be in fine working order, each member striving zealously to promote the interest and aims of the Association.

Monroe County.—Report rendered and dues paid. Represented by two Delegates and Health Officer. It registers a membership of 11, and is reported to be in good condition.

Montgomery County.—Report rendered and dues paid. Represented by one Delegate, five Counsellors, Health Officer and one visitor. It has a membership of 23. Meetings are held twice a month from October to June, are well attended and always productive of good results. The Health Officer is reasonably efficient in making his returns.

Morgan County.—Report rendered and dues paid. Represented by one Delegate, one Counsellor, Health Officer and one visitor. It has a membership of 21, and is reported to be in a healthy condition.

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Perry County.—Report rendered and dues paid. This county was represented by one Delegate, has a membership of 20, and is reported to be in a prosperous condition. No report of work done during the year.

Pickens County.—Report rendered and dues paid. This Society had no representation at the Greenville session, but sent in its report after adjournment. It has a membership of 13, and is reported to be in good working order.

Pike County.—Report rendered and dues paid. Represented by one Counsellor and one visitor. Membership, 8. This Society is reported to be in a reasonably satisfactory condition.

Randolph County.—Report rendered and dues paid. Represented by one Delegate and one Counsellor, and has a membership of 10, two in excess of last year. There is reported a marked improvement in this Society.

Shelby County.—Report rendered; dues unpaid. This Society was represented by one Delegate, and has enrolled a membership of 15, four in excess of last year. It is in good repute and working well. No Health Officer present, nor was any report received from him.

St. Clair County.—Report rendered and dues paid. Represented by one Delegate. Membership, 11. This Society is reported to be in a good state of efficiency. No Health Officer present, and no report from him.

Sumter County.—Report rendered and dues paid. This Society was represented by one Delegate and one Counsellor, and has a membership of 17. No Health Officer present and no report was received from him. Society in a satisfactory condition.

Tallapoosa County.—Report rendered and dues paid. Represented by one Delegate and one visitor. Membership, 19. No Health Officer present and no report from him. Society in good condition.

Tuskaloosa County.—Report rendered and dues paid. This Society was represented by one Delegate and one Counsellor, and reports an enrollment of 22. The report

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was very satisfactory, and in many respects a model in artistic finish, but defective in substance. The Health Officer was not present, nor was there a report from him.

Walker County.—This Society failed in representation, but sent in its report and paid its dues. It has a membership of 12. There was no report from the Health Officer.

Wilcox County.—Report rendered and dues paid. This Society was represented by one Delegate and four Counsellors, and recording a membership of 21. The Secretary reports quarterly meetings for the year 1884, namely, in January, April, July and October. These meetings were not as full as could be desired, but those in attendance took much interest in the welfare of the Society, and entered with an earnest spirit into the discussion of the written and oral subjects brought up. The Society has pledged itself to every effort to increase its membership, attendance and general working efficiency for the present year. The Health Officer was not present, and no report was received from him.

[NOTE.—It is to be regretted that a more satisfactory record could not be obtained. When a society is called, a simple hurried, verbal response is made, in a majority of instances, by some one unauthorized to answer, and who is wholly unprepared to do so. Hence, these reports must ever remain imperfect until secretaries are made responsible for the same, and are required to prepare them in writing, and send them in to the Secretary of the Association with their annual reports.—PUB. COM.]

REPORTS OF SPECIAL COMMITTEES.

Dr. Edward H. Sholl, of Birmingham, chairman of the committee appointed at the Mobile session, 1882, and continued at the Birmingham and Selma sessions, 1883-4, to act in conjunction with the Board of Censors in endeavoring to secure some appropriate legislation from the General Assembly on color blindness, read the following report:

To the Medical Association of the State of Alabama, to convene in the City of Greenville, April 14, 1885:

Your committee on color blindness would report that in view of the grave pressure in the recent General Assembly upon matters of vital importance to our State Association, and which, through the number of bills there

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introduced, would have compassed its entire destruction, if passed, they felt it inadvisable to bring forward a subject which, though of recognized importance itself, was not of such a character as to pass without direct antagonisms, and thus jeopardize the greater interests of the Association. Your committee having, through a series of years of thought and practical experiment and great research, formulated a law which at any prudent time, and for all time to come, will compass the desired end, ask to be discharged from the further consideration of the subject, which is now in the hands of the State Board of Censors, to bring forward at such time as in their judgment will be most likely to secure the passage of a law for "the benefit of the traveling public," the great wisdom of which measure time seems more amply to confirm.

Respectfully,

E. H. Sholl, M. D.,
R. D. Webb, M. D.,
W. H. Sanders, M. D.,
Committee.

On motion of Dr. Cochran, the report was received, and the committee discharged.

Dr. Francis M. Peterson, of Greensboro, chairman of the committee appointed at the Selma session, "to consider and report on Dr. Charles Whelan's paper, with special reference to a fuller collection of vital data," sent in the following report, which was read by the Secretary:

To the Medical Association of the State of Alabama:

Your committee beg to say that, after considerable effort, they have not been able to collect any additional statistics on the subject of Dr. Charles Whelan's paper which are of sufficient value to be presented to the Association, or which might, in any way, tend to settle the questions raised in said paper.

Respectfully submitted.

Francis M. Peterson, M. D.,
Charles Whelan, M. D.,
William H. Johnston, M. D.,
Committee.

On motion of Dr. Cochran, the report was received, and the committee discharged.

Dr. Edward H. Sholl, chairman of the committee on the ethical relations between physicians and druggists, appointed at the Selma session, 1884, to consider what means are best to promote and sustain the proper ethical relation between physicians and druggists, read the following report:

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To the Medical Association of the State of Alabama:

Your committee, appointed at the last meeting of the Association to consider the best means to promote and sustain the proper ethical relations between physicians and druggists, would report that they believe that the first and greatest of all means to this end is the proper development of a high standard of intellectual and moral qualification on the part of both, by and through which alone can a correct conception be formed of the mutual obligations in the two callings, so interlinked in the greater centres of population as to be largely dependent on the other. The physician should give the weight of his influence to the pharmaceutist, whose preliminary training guarantees his skill and whose integrity will furnish the best product within his reach, and who will not, as a matter of pecuniary consideration, buy cheap wares because they are cheap. He should not share in the profits of the druggist by a per centage on the prescriptions sent. He should avoid burdening the druggist's shelves by frequently demanding of him a supply of the numberless articles that may be well dispensed with instead of being dispensed. On the other hand the druggist should refrain from prescribing for the ailments of mankind either official preparations or any of the numberless panaceas that heal all maladies, leaving this to the physician alone, whose just province it is. He should preserve inviolable the confidences of physician and patient, which often, through the nature of the medicine prescribed, reveals the real or supposed trouble of the sick, and to guard against the intrusion of wandering eyes, should in every case accord to each physician his separate file for prescription purposes, to reach only the eyes of the druggist and the physician immediately concerned. He should not allow a favorite prescription to pass into general use and become a mere matter of merchandise, in which the physician is deprived of the just perquisites of his skill. He should always, by the proper line of action, protect both physician and patient sacredly where an incautious inaccuracy would result in harm to one and loss of caste to the other. These salient points project themselves as the leading ones among the many others of minor or greater detail, which suggest themselves, but which need not be specified, as either the demand or fashion of the time has carried the druggist as a matter of self-protection, beyond the mere domain of the pharmaceutis into the region of a general dealer in many lines of merchandise and proprietary domain. Believing that the ideas here suggested and simply glanced at, convey the proper points which, carried out in careful and conscientious detail, would secure a faithful and harmonious adjustment of the relation between physician and druggist, and towards which both alike should honestly and conscientiously labor, your committee beg to be relieved from further consideration of the subject.

Respectfully,

EDWARD H. SHOLL, M. D.,
JACOB HUGGINS, M. D.,
FRANCIS M. PETERSON, M. D.,
Committee.

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Dr. James T. Searcy, of Tuskaloosa, moved that the report be received and the committee be discharged, and that a copy of this report be sent by the secretary to the secretary of the Pharmaceutical Association of the State of Alabama, and also to the secretaries of the country pharmaceutical societies.

The motion was unanimously adopted.

The usual courtesies were extended to physicians, members of county societies, and other medical gentlemen, to register their names and be accorded the privileges of the floor and debate during the present session.

On motion of Dr. Frank Prince, of Jonesboro, Jefferson county, the Association adjourned to meet in the City Hall at 8 o'clock p. m., to attend the Annual Oration of Dr. James Thomas Searcy of Tuskaloosa.

Evening Session.

The Association met at 8 o'clock p. m.

The orator was introduced by Dr. Job Thigpen, of Greenville, Vice-President of the Association.

Dr. Searcy entertained a large and highly appreciative audience, composed of the beauty and intelligence of the hospitable city, and visiting members of the press and clergy, dwelling upon his theme, "Success in Life Physiologically Considered," for one hour and forty minutes. As the orator drifted from theory to practice, in that precise and intelligent method of thought so like him, his audience took hold and remained with him to the end.

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THE PROCEEDINGS OF THE SECOND DAY.

WEDNESDAY, APRIL 15.

The Association was called to order by the President, Dr. Benjamin H. Riggs, at 10 o'clock, a. m.

Under the head of unfinished business of yesterday, and miscellaneous business, Dr. Edmund H. Sholl, of Birmingham, chairman of the committee on "Ethical Relations between Physician and Druggist," read his report. It appears in regular order of business of the first day under the head of report of special committees.

Dr. Jerome Cochran, of Mobile, moved that the order of business be suspended to allow Dr. J. A. Wyeth, formerly of Alabama, but now of New York, to read a paper prepared by him for this occasion—"Notes upon Inguinal and Femoral Hernia."

Dr. Cochran moved a vote of thanks to Dr. Wyeth for his excellent paper, and that a copy of the same be requested for publication in the forthcoming volume of the Transactions. Unanimously adopted.

There being no further unfinished or miscellaneous business, the Secretary proceeded to call the schedule of regular reporters, and in the order named, viz:

(1) Treatment of Fractures; by James Fountain Heustis, of Mobile. Read by Dr. William H. Sanders, of Mobile, and referred to the Committee of Publication.

(2) Superficial Scalp Wounds; by Brice Martin Hughes, of Birmingham. Read and referred to the Committee of Publication.

On motion, a recess of fifteen minutes was had.

Upon re-assembling the Secretary resumed the reading of the schedule of the regular reporters.

(3) Dysentery, as it occurred in and near Greensboro,

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Alabama. Read by the Secretary and referred to the Committee of Publication.

(4) Epidemic Cerebro-Spinal Meningitis, as it appeared in Selma during the winter of 1884-5; by Frank Tipton, of Selma. Read by title and referred to the Committee of Publication.

(5) Ergot in Cardiac Diseases; by Powhatan Green Trent, M. D., of Rock Mills, Randolph county. Read and referred to the Committee of Publication.

(6) Fœtal Life; by Henry Jasper Winn, M. D., of Birmingham. Read and referred to the Committee of Publication.

VOLUNTEER PAPERS.

(1) A reply to the "Plea for the Unborn Child;" by William Henry Johnston, M. D., of Selma. Read by the Secretary and referred to the Committee of Publication.

Dr. J. S. Weatherly, of Montgomery, moved the suspension of the further reading of Dr. Johnston's paper until 6 o'clock, p. m., when the reading shall be resumed, and the paper discussed. Adopted.

Afternoon Session.

The Association convened and was called to order by the President at 6 o'clock, p. m.

The Secretary resumed the reading of Dr. Jonston's paper, ordered in the morning session, and consumed thirty minutes.

The Association now adjourned to 8 o'clock, p. m., to discuss, in special session, the best methods of administering the health laws, and the law to regulate the practice of medicine.

Evening Special Session.

The Association assembled in special session at 8 o'clock, second Vice-President, Job Thigpen, in the chair.

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The meeting was devoted to a free and earnest discussion of the health laws, and the law to regulate the practice of medicine in the State of Alabama, and the methods best calculated to secure a profitable administration of them.

Dr. Sholl, in the discussion of the law to regulate the practice of medicine, remarked that the action of the Jefferson county Board of Censors during the past year had been notably such as to lead to what they considerd advisable on a fair and practical basis in the working of the law. Their plan was to obtain from the candidate, presenting himself for a certificate, a just and accurate idea of his knowledge as to the practical details of medicine—such knowledge as they fairly considered requisite in one to whom would be entrusted the lives of many families. Hence, they avoided mere technicalities, and in their examinations aimed to give each man who presented himself a fair opportunity. The results of these examinations for the year 1884, have just been made known by the Senior Censor. Four candidates, out of eight, presenting themselves having been rejected. The standard of requirement has been high, but not more so than a just conception of our obligations to the public, as interpreted by the spirit and letter of the law, demands. Their purpose is to be equable, to learn when they have committed errors in the past, as they certainly have done, and to avoid them in the future. The time occupied by their examinations compasses from a week to ten days, occasionally longer, and the rule is strictly observed by all the Board to so isolate the candidate during the examination as to allow no possible opportunity of access to any aid.

One came last year with "distinguished" written across his diploma, who feared the Board was not equal to testing his capacity. At the end of ten days he was convinced that they were sufficiently appreciative of a proper standard of medical attainments and retired without completing his examination.

We find that the more intelligent part of the community,

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who learn of our endeavors to protect them from unqualified and ignorant men, are coming more in sympathy with our work, and realize the great benefits that are ultimately to accrue to them from the faithful carrying out of the law.

We feel that great and happy results are to flow from the more perfect carrying out of this law; that as time passes on the fossil productions of the past, whose conceptions of medicine as a science are imperfect, must pass out of the way.

We believe the law was planned in wisdom; that it gives us as perfect a scheme for the public good and exaltation of the profession as could be possibly devised, and trust that the profession may do their part faithfully and well.

If they do, the fact is unquestionable that the young men who are now to come on will give such an example of skill and acquirements in their profession as will rejoice the hearts of those who, at no remote time, are to lay down their activities, and will place Alabama justly and deservedly foremost in the list of States in the recognized ability of her medical men.

There was a manifest disposition on the part of the several speakers to increase the efficiency of these two branches of the public service by individual effort.

The collection of vital returns was made a special feature in the discussion; material progress had been made in some counties, little in others. Upon the whole, this feature of the meeting was far more interesting than that held at the Selma session last year, and gives promise of an abundant and gratifying success in the future.

On motion of Dr. Sholl, the meeting adjourned till to-morrow 10 o'clock a. m.

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PROCEEDINGS OF THE THIRD DAY.

THURSDAY, APRIL 16.

The Association was called to order by President Riggs, at 10 o'clock, A. M.

Miscellaneous or unfinished business being next in order, the Secretary proceeded to read the schedule of

VOLUNTEER AND MISCELLANEOUS PAPERS.

(1) Reports of Cases in Eye Surgery, illustrative of the Anesthetic Effects of Cocaine; by William Henry Sanders, M. D., of Mobile. Read and referred to Committee of Publication.

(2) Notes upon Inguinal and Femoral Hernia; by J. A. Wyeth, M. D., of New York. Read by the author and referred to the Committee of Publication.

(3) Some Observations on Continued Fever; by James A. Wilkinson, M. D., of Flomaton, Escambia county, Ala. Read at the close of the omnibus discussion and referred to Committee of Publication.

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THE OMNIBUS DISCUSSION.

The president announced as leader in the omnibus discussion, Dr. Conrad Wall, of Forest Home, Butler county. Dr. Wall having failed to furnish his introductory remarks upon the several subjects chosen by him for discussion, the simple heading of each is here given and in the order of selection.

FIRST SUBJECT.

ORGANIC AND FUNCTIONAL DISEASES OF THE HEART.

In the discussion following:

Dr. Edward H. Sholl, of Birmingham, said: It is my wish to allude simply to functional diseases of the heart, and the better to do so practically will state that for many years, up to 1868, I smoked excessively, and wish to note the effect of tobacco upon my own heart. While, to all appearances, perfectly well, I would without warning be suddenly seized with a sharp, stabbing pain in the heart, of such acute violence as to stop me immediately wherever I was, not daring even to draw a full breath, and being obliged to bend forward and breathe with the utmost care to avoid return of the pain. This position it was necessary to occupy sometimes for fifteen minutes before securing relief, which generally was brought about by a glass of sherry wine. These attacks were precipitated by loss of sleep, unusual fatigue, rapid movement, high temperature. In July, 1868, while on a visit North, I was carefully examined by Dr. Dutcher, of Cleveland, Ohio, who had large experience in investigation of the chest. He, after hearing a detailed history of my case, gave it as his opinion that the whole difficulty arose from the excessive use of tobacco; that the heart was being overwhelmed by the gradual process of poisoning, and that I was liable to sudden death at

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any time from weakness of the muscular activity of the heart. He then said to me: "Go home, rest, give up your practice, abandon tobacco, and you may prolong life for many years." But said I: "Doctor, I must work. I have a dependent family and cannot stop; if I die I must die working." "Well, Doctor, do the best you can; be prudent in all your movements, and you may weather it yet by good care." He put me on analeptic treatment. I went home; went to work cautiously but steadily; gradually abandoned tobacco; having a terrible struggle that summer, the embarrassment of respiration being so great that sometimes when the thermometer reached 84° it was necessary for me to lie down on my right side and draw my knees to my breast to breathe with any comfort, and oftentimes, while riding in the country, to lie down until all the trouble passed away. August 1st, 1870, I gave up entirely the use of tobacco; the attacks gradually grew less frequent; the whole system, physical and mental, became more vigorous, and after five years the attacks gave way entirely. From that day to this, however, I have not been able to sleep, except on my right side, and while apparently well and free, so far as discoverable, from organic lesion, honestly believe that some impress was left which will, I think, at least guard me by the warning of the past from a return to the origin or cause of the suffering. My office interviews have often testified in past years to kindred troubles from the same cause, and believing this to be the great cause in those instances, have invariably exacted from my patients a promise to abandon the use of tobacco. Results have so often vindicated the wisdom of this—my patients recovering in due time by abstinence and simple medication alone—that it is certain to my own mind that tobacco is sometimes a potent factor in the causation of functional trouble of the heart. A medical friend of mine, who used tobacco inordinately, would send some miles for me in great alarm as to his condition. I would find him with inactive portal secretion, heavily coated tongue, heart beating irregularly, giving two

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strokes and then stopping one, anxious countenance, feeble capillary circulation, expression and general surroundings giving cause for alarm. By proper medication, mercurials with digitalis and veratrum, he was generally relieved in forty-eight hours to remain relieved for months, until the excessive use of tobacco, which he recognized and owned to be the cause, was begun again, with the result of a similar attack, relieved in time by appropriate treatment and abstinence.

In concluding, it may be well to allude to that form of trouble, the outgrowth of a general neurasthenic condition, known as cardiac neurasthenia, where we have all the alarming symptoms of an immediately threatening dissolution. The extremities become cold, the general capillary circulation very languid, the face pale and haggard, the countenance anxious and imploring, the pulse very feeble, and death seems really imminent, and is sometimes averted by the most active stimulation only till the circulation is equalized. This depressed condition may, and does last sometimes for several hours. Back of it all is irregular visceral action, generally a coated tongue and foul breath, and a long train of dyspeptic symptoms, and all the above alarming train of surroundings, seems to hinge for the time, at least, upon the fact that there is a determination of blood to the abdominal viscera, and the heart fails to receive its normal supply of blood to guarantee a healthy activity. This irregular action of the heart is sometimes due to a fermentative dyspepsia in which the gas, generated as the result of proper digestion, excessively expands the stomach and thus presses on the heart, causing it to act feebly in its distribution of blood. In connection with the proper medication which suggests itself naturally to the physician for the relief of the cause in each individual case, I have found benefit to accrue to my patients by the wearing of a heavy flannel bandage constantly about the bowels, so fitted as to rise to the waist and fastened in such way as to give proper support to the abdomen and its contents, preventing also, as it does, rapid evaporation from the cutaneous surface.

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Dr. Henry T. Inge, of Mobile, said: It is impossible to attempt the treatment of heart disease until the form in which it occurs is clearly ascertained.

The heart is such a complicated organ, with its numerous valves and openings, that it is an easy matter to make a mistake in diagnosis, and thereby do much harm. Therefore, we will classify the different valvular lesions, the symptoms of each and the treatment for them.

1st. Aortic obstruction.—This is caused generally by endocarditis; the inflammation extends to the aortic valves and obstructs the escape of blood from the left ventricle. The force of the heart is increased and heaving, and the heart beat is more to the left than normal. There is a murmur with the first sound of the heart which is best heard at the second costo-sternal articulation on the right side and along the carotids.

2d. Aortic regurgitation.—This is the gravest form of heart disease. The semi-lunar valves are shortened and shrunken, causing the blood to regurgitate into the left ventricle, and as the result there is dilatation of that cavity. In this disease the apex beat is to the left of the left nipple and about the eighth rib.

The precordial dullness is to the left of and below the normal area. There is a murmur with the second sound of the heart, near the second intercostal space. The treatment in both of the above diseases is absolute rest, avoidance of all mental and physical excitement, or intemperance in any form. Digitalis should never be given in these cases, but if there are symptoms of heart failure, iron is effective by its action on the muscles.

3d. Mitral obstruction.—This is a condition of stenosis of the auricular ventricular orifice of the left heart. This is caused by endo-carditis, as is aortic obstruction. There is a distinct purring thrill preceding the apex beat. A blubbering murmur is heard just before the first sound, which is synchronous with the contraction of the auricle. The max-

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imum intensity is found a little above the apex beat, and is louder than any other murmur.

4th. Mitral regurgitation.—This is caused by shortening of the mitral valves. There is an increased area of cardiac impulse, either forcible or diffused, depending upon the amount of hypertrophy and dilatation. Precordial dullness is increased, extending to the left and downward. The area of superficial dullness is increased laterally and downward. A murmur takes the place of the first sound, and is synchronous with the systole of the ventricle. The treatment in the last two diseases should be carefully carried out. The patient must lead a quiet life, free from all excitement, and have absolute self-control. If pulmonary œdema occurs give hydragogue cathartics—best, compound jalap powder. Give the infusion of digitalis, one-half ounce, every two hours for twenty-four hours. It relieves the hyperæmia and favors systemic circulation. It also regulates and increases the systolic action by its action on the muscles of the heart. It is also well in these cases to give the tincture of digitalis, twenty drops, with ten drops of tincture of iron every three or four hours. A great deal of attention must be paid to diet and fresh air. As for ergot, we would not advise its use in any heart trouble, as we have never found it beneficial. Belladonna, given in doses the size of those mentioned by the doctor, would have no effect upon the heart in any way, and if given in larger doses it could not have any chemical effect of any service either to the patient or physician. The physiological action of belladonna shows that it acts upon the unstriped muscular fibres and not upon the striped, and the heart belongs to the latter.

Dr. P. G. Trent, of Rock Mills, said: I shall not take part with either of the gentlemen in their issue upon the subject of diagnosis in cardiac diseases. I have already learned that the exceedingly nice diagnostician, DaCosta, does not know any too much upon this subject. I feel confident, however, that I can tell when the heart is involved, and that

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I can determine whether the trouble be functional or organic; but it occurs to me that it is quite difficult to be able at all times to tell just where functional disturbance ends, and organic derangement begins. I fully agree with Dr. Dement, that indigestion does produce heart trouble in a great many cases, and of course we must treat the cause if we expect to cure the heart derangement; and further, that diseases of various other organs, primarily, will subsequently be attended with cardiac disturbance, but I will further assert, that sometimes the heart is the recipient of the primary invasion, and the disturbance of other organs takes place as a consequence of the cardiac lesion. If I had to treat Dr. Dement's case, after addressing the indigestion, I would put him on ergot for his cardiac hypertrophy.

In the paper which I read upon "Ergot in Cardiac Diseases," it will be remembered that I stressed the importance of looking after all the complications, stating that they were not a few, but for the heart trouble always give ergot, and you will not be disappointed. This is my conviction after eight years experience with ergot in the treatment of the diseases of this important organ.

Drs. John J. Dement, of Huntsville; William H. Sanders, of Mobile; Frank Prince, of Jonesboro; and James T. Searcy, of Tuskaloosa, discussed this subject, but failed to furnish their remarks.

SECOND SUBJECT.

ANESTHETICS IN LABOR.

Dr. Andrew Bowie, of Benton, said: I have been greatly astonished to hear the leader in this discussion express the opinion, or even suggest a suspicion, that chloroform in labor may stand in the relation of cause to the very frequent occurrence of post-partem hemorrhage. True, his convictions are not very strong, yet they have been sufficient to induce him to discard chloroform and adopt æther as an anesthetic in labor. Now, sir, after an experience of more than twenty-five years in the active practice of medi-

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cine, I can safely say that I have never seen a post-partem hemorrhage follow the administration of chloroform in labor. I was induced to use chloroform in these cases at first by the oft-repeated fact that it did not, in the hands of prudent accoucheurs, at all interfere with uterine contractions; and such has been my uniform experience up to this time. It is also true that cases of post-partem hemorrhage have repeatedly occurred in my practice, but always in females who had taken no anesthetic whatever. Chloroform having served a good purpose in my hands, I used it exclusively, and therefore know nothing of the boasted superiority of æther as an anesthetic in labor or general practice.

Dr. David Adams, of Pine Apple, said: It is generally understood, in the range of my practice, that I am opposed to the indiscriminate use of anesthetics for anything. While I esteem them an inestimable boon in many cases of complicated or difficult labor, yet their use can not be said to be free from danger in any case, which is not true of simple labor. Hence, I am opposed to the use of any agent which might result fatally even but once in a thousand cases, when there is absolutely no danger without it. We have no right to tamper with human life. We have only the right to exercise our best judgment in discriminating between the greatest risks, that we may choose the least. Every physician should feel that he is made the custodian of every human life that is placed under his care, and that it is exceedingly criminal to jeopardize one single life for mere buncomb, or to gratify the whims of an irresponsible public, or even pleadings of the poor sufferer for momentary relief. Hence, as an apology for my conclusions, I will report briefly the following cases (and many others might be reported):

Case 1st.—I attended Mrs. F., probably about twenty years ago, in her first confinement; used no chloroform; passed through about an ordinary course of labor of

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primipara; made a good recovery. With the second labor, she took chloroform, probably two or three ounces; course of labor about as the first, except perhaps a little more hemorrhage. About the third day after delivery, puerperal mania set in, and continued for more than twelve months, during which time she had to be guarded all the time to keep her from jumping into the well, or doing some insane act of violence. When she became pregnant again, her mental derangement gradually subsided, and some time before her third confinement, her mind seemed to be perfectly clear. When labor came on, however, chloroform was used again, but in less quantity, and the labor was not materially different from the preceding. About the third day after delivery, however, her old trouble (mania) returned, and continued several months in a much milder form than before, continuing probably about half as long. I believed when the first mental derangement occurred, that it was the effect of the anesthetic used in the preceding labor; hence the more cautious use of it in the next case, and after the same mental disorder occurred the second time, in a modified form, after a more moderate use of the drug, I felt still more confirmed in my conclusions. She has had five children since. I firmly protested against the use of chloroform in each case, and carried my point. The result has been no further derangement to date. Conclusion: In my opinion, chloroform caused it in the two instances in which it occurred.

Case 2d.—Mrs. M., aged about thirty-five years, stout, fair complexion, light hair, etc.; fourth confinement, if I mistake not; had been accustomed to taking chloroform in former confinements, administered by Dr. H., the family physician. On arriving just before daylight found her with one pound of chloroform, except what she had used out of the bottle before my arrival (she had been using it several hours before I saw her); I found her surrounded by female friends who were furnishing her the article *ad libitum.* I protested against the wholesale use of it, which she was in-

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dulging, but to no effect. When absolutely withheld she would scream at the top of her voice till it was frightful. Thus she prevailed till the whole pound was consumed. I became alarmed for the result, and asked that the family physician be sent for. In the mean time, she begun on another bottle of three or four ounces that I carried with me in case of accident. When Dr. H. arrived we succeeded in prevailing on her to discontinue the use of the drug. After she had obtained her own consent to leave it off, she passed on to the conclusion of her labor reasonably well without it, which occurred in a few hours after its withdrawal. She gave birth to the largest child that I ever saw delivered. I think it would have weighed eighteen or twenty pounds. The child was dead. After severing the cord, I turned to dispose of the child, and in a few moments my attention was called to the mother, who gave evidence of fearful hemorrhage. Dr. H. immediately grasped the uterus with both hands, making firm pressure, whilst I delivered the placenta, upon which the hemorrhage ceased. She was now, of course, much exhausted from the loss of blood and the long and tedious labor that had just terminated. She recuperated very slowly. In about three weeks she was able to get out of bed and walk a little about the room, about which time my attention was called to a cardiac affection, manifesting itself in dispnœa, intermission in the pulse, etc. This state of things continued from about the first of July to the middle of September, when she suddenly died without warning, thus ending the career of another unfortunate victim of the abuse of chloroform.

On motion of Dr. E. H. Sholl, of Birmingham, a recess of fifteen minutes was taken.

Upon re-assembling, the discussion was resumed.

Drs. John J. Dement, of Huntsville; Lucius E. Starr, of Camden; Walter C. Jackson, of Montgomery; John T. Broughton, of Greenville; Henry J. Winn, of Birmingham; Edward P. Nicholson, of Valley Head; Jerome Cochran, of

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Mobile; discussed this subject, but failed to furnish their remarks.

THIRD SUBJECT.

ERYSIPELAS.

Dr. Edward P. Nicholson, of Valley Head, said: In erysipelas of the adynamic type, alcoholic stimulants are remedies of the most potent efficiency. Uncomplicated erysipelas, occurring in strong and vigorous subjects, usually runs a short, cyclical and favorable course, and requires no active interference on our part. But when the persistent fever threatens to exhaust the patient, when muscular debility and approaching coma supervenes, there is nothing that will take the place of good whisky or brandy. My first experience with brandy in this disease, was some twelve years ago, soon after I had located in a western town. Having been summoned to a consultation in the case of a delicate married lady who was suffering with erysipelas of the face and scalp, I was told by the attending physician that there was a metastasis of the inflammation to the brain, and that all human efforts would prove unavailing to save the patient. As there was no subsidence of the external inflammation, I did not think there could be a metastasis, yet the feeble pulse, the muscular debility, and the comatose condition of the patient, clearly pointed to an extension of the inflammation to the meninges, and as a denier resort, I advised brandy.

My brother practitioner, who was an advocate of "*total abstinence*" of the most radical type, threw up his hands in holy horror, and looking as though he deemed me a sort of unwashed, unregenerate medical street gamin, exclaimed, "Why doctor, there is already inflammation of the meninges, and if we give brandy, we will but be adding fuel to the fire!" But, I reminded him that he had already uttered his irrevocable *fiat* that the patient must surely die, and that according to his own showing the brandy could not materially hasten the fatal termination. "Let us, therefore, admin-

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ister the brandy, and if there is any reality in my half-formed, dimly defined theory in regard to the malady, it will benefit the patient, and there is a bare possibility that it will save her life. The lady's husband, happening to overhear this, and being in the condition of a drowning man catching at a straw, dashed off hatless and in haste to the nearest drug-store, and soon returning, placed in my hands a bottle of fine brandy. The attending physician seeing this, took his hat and gloves, and his departure in the self same moment. And now, the responsibility of the case devolved solely upon me, and I directed the brandy to be given in what some might deem toxic doses—an ounce every hour. This was at ten o'clock, a. m. Returning at midnight, I found my patient vastly improved. Her pulse was stronger and more natural, her skin soft and moist, her breathing easy and regular, the swelling and inflammation subsiding. Directed the brandy continued, but at longer intervals and in smaller doses. At daylight she awoke conscious, and called for her breakfast. Her recovery thereafter was rapid.

I have used brandy or whisky since in every case of erysipelas that has come under my observation, especially when attended with persistent fever and debility, and with unvarying success; and this too in many cases after carbonate of ammonia, quinine and iron had been thoroughly tested.

Now, as to the wearing of amulets and charms as a protection against the recurrence of the malady, we, as scientific physicians cannot afford to recommend a measure that is unsupported by reason or physiological principles. It would look too much like we were giving our consent to the practice of medical feticism.

Dr. Andrew Bowie, of Benton, said: As the subject of erysipelas, an interesting one, too, has been introduced by our leader, I beg the indulgence of this association while I offer a few suggestions relating to my own experience in the management of it. My remarks are intended to apply to erysipelas mainly as it occurred and was treated in military

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hospitals during the late war, whilst in service as surgeon at Howard's Grove, one of the most extensive hospital establishments in the Confederate States during the war. I had charge for one year of all the cases of erysipelas that occured in or were brought to that institution; and as readily would be supposed, a very large proportion of those cases were traumatic erysipelas. In fact, the whole of them, accurately speaking, were due to traumatism. There was seldom any need of preparatory medication in these cases of erysipelas on account of malarial or other systemic complications. The treatment was uniform as to the kind of local and constitutional remedies used, though they were apportioned always with due regard to the necessities of each patient. Tincture of iron internally, and tincture of iodine locally, was the plan of treatment. As stated above, the tincture of iron was given in varying doses, sometimes as much as sixty drops every two hours.

Dr. Edward H. Sholl, of Birmingham, said: After the remarks already made it is not my desire to enter upon the discussion of acute erysipelas, but rather to refer to that class of cases which might properly be called cases of recurrent erysipelas, having an inherent tendency to return at regular or irregular intervals, and to a great extent beyond the power of any specific medication to interrupt this morbid diathesis. I might well hesitate to bring to your notice something that seems to be outside the pale of interpretation, in the domain of the transcendental, but time makes history and facts verify deductions and premises. Hence, there is brought to your notice that which is plainly inexplicable except in its results.

In an article on "Therapeutical Enigmas," in the May (1875) number of the Boston Journal of Chemistry, my attention was attracted to a statement that a physician had given fifty years practical test to a remedy or means that has been in use since 1801 or 1802, to avert the recurrence of erysipelas, with such remarkable results that I determ-

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ined at once to give it a test, knowing that no harm could result from a trial. The means suggested were simply these: "Have some green glass beads strung on a silk string, to make a necklace, to which, by a silk string, attach a small silk bag filled with powdered sulphur"—"only this, and nothing more."

Nearly ten years have passed, and in every case to this date it has secured complete or almost complete exemption from attack, and my patients to day who have worn them for years, would not exchange their bead necklaces for necklaces of rubies or diamonds if they could not replace them, and among them are to be found the wise and scientific, the gentle and lovely. And now, let me give you practical details:

My first patient, a gentleman in his seventy-first year, who, for twelve years, in May and June of each year, was desperately sick with erysipelas of the face and scalp, at my suggestion, at once put on the beads. That year he entirely escaped for the first year in thirteen. For five years he escaped all but slight reminders of the disease. The next year his string broke, and supposing himself completely relieved from possibility of return he laid aside his beads and bag. In a few hours he was severely attacked by erysipelas, which was relieved by treatment. On recovery he resumed his beads, is living in his eighty-first year, and to this time has escaped all but slight tingling sensations in the face. When I last spoke to him on the subject he told me nothing could ever induce him to part with his necklace.

The second case was of a lady then forty-five, whose invasions were of the severest type, involving face and scalp, but more particularly the nose. At my suggestion she put on the beads and bag, and until 1880, when, on one occasion I found her with a severe attack, she was exempt. On making particular inquiry as to the possible cause of the recurrence, she told me that her string of beads broke, and the family laughed at her so for wearing them that she laid them aside and was almost at once attacked. Suitable

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means relieved her, she put on her beads again, and when I saw her in Birmingham, a little more than a year since, she assured me she had to that time escaped entirely.

The third case was a lady of middle age, the wife of an intelligent physician, who, for five years had scarcely been free from erysipelas. She came to me with the right ear inflamed, much enlarged, with a semi-purulent oozing from the meatus. Weeks of careful local and constitutional treatment failed to relieve her. I ordered the beads. She began at once to improve, and for nearly ten years has been free from any return. When I last saw her she was wearing the beads, and told me she always expected to wear them, that to her they were simply priceless.

The next case was an intelligent physician of Starkville, Mississippi, whose contributions to the medical journals mark him as a practical man. He wrote to me asking me to treat him, as he had been a great sufferer from erysipelas. I indicated to him a general line of treatment—advised him to wear the beads. When he last wrote me he said that he had been completely free from the disease from the time he put on the beads.

The next case was that of an intelligent planter, past middle age, who was brought to death's door by the gravest attack of erysipelas that it seems possible a man could recover from, and then, only after many weeks of great prostration. He gladly put on the beads, and to this day wears them, free from all returns of the disease he had so much reason to dread, and would not, could he not replace them, part with his beads for all his worldly possessions, for, whether it be so or not, he firmly believes he owes his freedom from erysipelas to the beads.

The last case, one of a young man, presents features of the deepest interest, as it had more elaborate, carefully detailed and thorough constitutional and local treatment than any case that ever came under my care, for more than a year. The origin was in a slight wound of the wrist with a knife. During warm weather, the disease was kept in

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abeyance only by absolute rest and active treatment. With any undue exertion, it was likely, in all the warm months, to return with extreme severity. As he was a farmer, and it was often necessary for him to work, it became imperative that some means of relief should be found. Satisfied, after repeated, persevering and lengthened trials, in which I was faithfully seconded by him, that further medical treatment was futile, and desiring to exhaust all the known appliances of medical art, I at last advised him to put on the beads and sulphur bag. Wonderful to say, he was relieved, and remained so till I last saw him, in the early part of 1883, and was so thoroughly convinced of the conservative effect of the beads that he proposed then to wear them through life.

So much for matter of detail. These are veritable living cases; these are facts, hard facts, and can not be gainsayed. Of course I can offer no explanation, and will not attempt it. There are unsolved mysteries in science, and in all the realms of nature. I can not doubt, with the lights I have before me, even if I can not explain. I simply ask any one who may be confronted with similar cases to try it, to aid in proving or disproving its value, to offer the last supposaable resort to those who suffer with this intractable, recurrent malady.

I am asked, Mr. President, now, in reference to my method of treating acute cases of erysipelas. No one form of treatment is rigidly followed by me. Recognizing my patients as having their idiosyncrasies, and each individual as a microcosm, the endeavor is to treat the symptoms as they so present themselves, influenced by their own peculiarities. As a general rule, at the outset, I give a free mercurial purge, if then seen, followed often by tincture of iron in large doses in combination with sweet spirits of nitre and quinine, pushing it more or less freely after free purgation, to which great importance is attached, according to the gravity. Sometimes I use iodide of potassium, but more frequently sulphite of soda in as large doses as can be

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borne. Sometimes, in severe cases, the sulpho-carbolate of soda gives happy results. In adynamic cases, whisky must be very freely used. These various methods will accomplish about all that is in the reach of our art.

Dr. P. G. Trent, of Rock Mills, said: I always begin the treatment of erysipelas with a mercurial purge. After this, I put my patient on iron, chlorate potassa and Fowler's solution. Sometimes I prefer the tincture of the chloride of iron; at other times, I prefer the sub-carbonate of iron in the prescription. There are cases in which I think spirits of great value, and should be administered. As a local treatment, in the majority of cases, I have done more good with the tincture of iodine than with anything else. In some cases, where the iodine seems to be objectionable, I have used a wash composed of acetate of lead, tannic acid, laudanum and creasote, with considerable advantage. I think most any one would be pleased with this wash should they give it a trial. I take about two drachms of the lead, one-half drachm of the tannin, an ounce of laudanum, and twenty to thirty drops of creasote, and one quart of water. I wet cloths with this wash, and keep them applied to the affected part.

Dr. Frank Prince, of Jonesboro, said: In addition to what had been already said, when all these things failed, an application of cranberries well mashed, or prickly pear prepared in the same way, and applied in a poultice, would be very soothing, as well as beneficial.

Drs. Jerome Cochran, of Mobile; Samuel D. Seelye, of Montgomery; John T. Broughton, of Greenville; John J. Dement, of Huntsville; Shirly Bragg, of Lowndesboro; Benjamin H. Riggs, of Selma; and Lucius E. Starr, of Camden, discussed this subject, but failed to furnish their remarks.

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FOURTH SUBJECT.

APOPLEXY.

There was no discussion of this subject.

Dr. Walter C. Jackson moved an adjournment to six o'clock p. m., at which hour the omnibus discussion shall be resumed. The motion prevailed.

Upon reassembling at six o'clock p. m., the meeting was called to order by President Riggs.

Before proceeding to the regular order of business, permission was granted Dr. Benjamin J. Baldwin, of Montgomery, to address the Association on "Some of the unfavorable effects of Cocaine on the System." Dr. Baldwin said:

I thank you very much for the courtesy you have just extended me, but I would like to state that I have no paper on cocaine. In fact, I did not anticipate even a remark on any subject, but as Dr. Sanders has shown the rosy side only of cocaine I will say something about its poisonous effects. I do not do this in order to condemn it; for I think that, as far as the eye is concerned, cocaine surpasses both chloreform and ether, but I do so because we must sift the bad from the good and learn accurate and definitely just what it does accomplish. Out of the eighty-four operations on the eye which I have performed under cocaine, I have had three cases that have been attended with symptoms of poisoning. The toxic symptoms come on without warning, and are as follows: Intense nausea, with cold perspiration, and accelerated pulse, unsteadiness of gait, and vertigo. Although these disagreeable effects last only from 15 to 20 minutes, yet they are quite alarming. I have never known, however, of a fatal termination from cocaine poisoning among quite a large number of cases that have been reported. Among those who have reported similar cases to those related by me are Drs. Knapp and Peck, of New York, and Dr. Williams of St. Paul. Dr. Williams wrote me that, in a case of plastic operation on the eye, in which he used

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a four per cent. solution of cocaine continuously for two hours, he had observed quite a violent strangury. That nausea is not an uncommon symptom after the cocaine has been administered, is proven by the fact that a prominent German oculist has offered a suggestion to prevent its occurrence, viz: After instilling the cocaine into the eye, to immediately cause the patient to assume the erect position. I have treated the cases with poisonous symptoms from cocaine, that have come under my observation, by simply placing them in a horizontal position and administering stimulants. The fact that we may meet occasionally with a few unpleasant symptoms is no argument against the use of cocaine. I have related the unfavorable cases that have come under my observation, because I wish you to understand them when they happen to you. Dr. Sanders has clearly shown you the many ways in which coacine is so successfully used in operations on the eye, and I endorse all he has said, except I believe I am more enthusiastic than he is.

Dr. William H. Sanders, of Mobile, discussed the "Poisonous effects of Cocaine," and was followed by Drs. Samuel D. Seelye, of Montgomery, and Benjamin H. Riggs, of Selma, on the "Use of Cocaine." Neither of these gentlemen furnished abstracts of their remarks.

At eight o'clock p. m., the omnibus discussion was resumed, when Dr. Wall announced his

FIFTH SUBJECT.

POTASSIUM IODIDE IN ASTHMA.

Dr. Capers C. Jones, of Snow Hill, said: He could add his testimony to that of Dr. Wall as to the value of the iodide in asthama. He usually prescribes Dr. Kellar's prescription: Iodide potassium, 2½ ounces; ext. belladonna, solid, 4 grains; ext. valerian, fluid, 1 ounce; chloroform, 2½ drachms; mucilage acacia, 5 ounces—Mix. A tablespoonful of this given every few hours when the first symptoms of an attack appear usually arrest it. But it is more to be de-

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pended upon during the intervals, in reduced doses, if you like, three times a day. It is especially serviceable in cases dependent upon chronic bronchial irritation. He related a recent case occurring in a child of nine months, which had an attack of catarrhal fever some weeks preceding the asthmatic trouble, and from which it had recovered to all appearances. The paroxysms would recur daily about 10 o'clock and last until late in the afternoon. In the intervals there was no indication of any trouble other than some days a scarcely perceptible mucous räle in the posterior lungs. He tried the usual class of anti-spasmodics and expectorants, and large doses of quinia, without avail. There was no improvement for five or six days, when he resorted to the above prescription in suitable doses every four hours. The improvement was gradual, and permanent. When the asthmatic trouble is neurotic in character, the addition of Fowler's solution of arsenic in three to five drop doses will be a valuable acquisition.

Dr. P. G. Trent, of Rock Mills, said: I don't wish to be too conspicuous in this discussion, but having learned a plan of treating asthma which has been remarkably satisfactory, I feel that should I not give this association the advantage of the same, I should be quite unfaithful to a cause I love very much.

Several years ago an old veteran case of asthma came under my care, that annoyed me no little. He invariably sent for me in the night, and there being no complication of financial plethora, I soon grew weary. I tried to think of some plan by which I might put an end to his necessity for sending for me so frequently. He was an intemperate man, and would have his whisky. So, finally, I told him to send me a jug of whisky, that I wanted to medicate it for him. He did so. To one quart of whisky I added two or three ounces of new pine tar, half a pint of apple vinegar, four ounces of paregoric, and one pound of sugar. He took this in tablespoonful doses just any time he wanted it, and to

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my agreeable astonishment, I had no further trouble with the case. I prepared the prescription for him a few times, and that was the last of his asthma. I have used it in other cases with the same good results, and I cannot commend it too highly to the consideration of my professional brethren.

Dr. Lucius E. Starr, of Camden, said: That his experience had been limited, though he had succeeded perfectly in one case in which the patient had a syphilitic history. The case had all the prominent symptoms of asthma. The treatment was begun with twenty-five grains of potassium iodide per day, with some improvement for a short time. Then the dose was increased to fifty grains, and then to one hundred, and to two hundred, and finally, to three hundred, with entire subsidence of all the symptoms. It was probable that the asthamatic symptoms were dependent on an enlargement of lymphatic glands in the mediastinal space.

SIXTH SUBJECT.

CONSUMPTION.

There were no remarks made on this subject.

By permission of the Association, Dr. James A. Wilkinson, of Flomaton, Escambia county, read a volunteer paper on "Some Observations on Continued Fever." This was referred to the committee of publication, and may be found in its proper place.

On motion of Dr. Frank Prince, of Jonesboro, the Association adjourned to 10 o'clock, a. m., to-morrow.

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THE PROCEEDINGS OF THE FOURTH DAY.

Morning Session—Friday, April 17.

The Association was called to order by President Riggs at 10 o'clock.

Under the head of miscellaneous business, next in order, the Secretary read a communication from the Calhoun County Medical Society, inviting the Association to hold its next annual session in the town of Anniston. Similar invitations were also extended to the Association from Eufaula and Decatur.

Dr. Frank Prince, of Jonesboro, Jefferson county, offered the following

RESOLUTIONS OF THANKS.

Whereas, In consideration of the fact that at no time in the history of the Medical Association of the State of Alabama have we been more kindly received, and more generously and hospitably entertained, we, as a body, and as individuals, will leave this beautiful and prosperous town with feelings of regard and thankfulness for this noble display of generosity and hospitality to us; therefore, be it

Resolved, That the thanks of this Association be extended to the ladies and the citizens of Greenville, and to her physicians, for the generous manner in which we have been entertained.

Resolved, That the thanks of this Association be extended to the Greenville Light Guards for their kindness in tendering us the use of their hall.

Resolved, That the thanks of this Association be tendered to the various railroads for accommodations to its members.

Resolved, That these resolutions be printed in the Greenville *Advocate* and Montgomery *Advertiser*.

The resolutions were unanimously adopted.

The following preamble and resolutions were offered by President B. H. Riggs, of Selma:

Whereas, It is one of the functions of a State board of health to educate and instruct the people in the branches of personal and public hygiene, and as a most available means to attain this end, be it

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Resolved, 1st. That the Committee of Public Health of this Association be instructed, and are hereby instructed, through the State Health Officer, to distribute, as often as possible, and as widely as possible, short printed pamphlets, or leaflets, treating of some practical part of these branches of State medicine.

2d. That county boards of health, through their health officers, be directed to carry out the same objects in their several counties, as far as possible through the local public press, or with the aid of the courts of county commissioners or boards of revenue.

3d. That the cost of publication made by the Committee of Public Health under these resolutions be defrayed out of a fund heretofore appropriated by the State of Alabama in an act entitled "An act to carry into effect the health laws of the State," approved February 12, 1879.

On motion of Dr. Prince, of Jonesboro, the above preamble and resolutions were adopted by the Association.

The Association had recess for thirty minutes.

Upon reassembling, Dr. Jerome Cochran, Senior Censor of the Association, proceeded to read the annual report of the Board of Censors, which here follows.

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THE TWELFTH ANNUAL REPORT OF THE BOARD OF CENSORS, INCLUDING THE REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS, AND OF THE COMMITTEE OF PUBLIC HEALTH.

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PART I. THE REPORT OF THE BOARD OF CENSORS.

THE WORK OF THE STATE ASSOCIATION.

It is not necessary to say anything in this report under this general head, as everything connected with the current status and work of the Association is discussed at length under the special heads that follow.

THE RECENT SESSION OF THE GENERAL ASSEMBLY.

During the recent session of the General Assembly ten different bills were introduced affecting in some way the interests of the medical profession and the status and work of the State Board of Health. These bills may be indicated as follows:

(1) A bill to repeal Chapter 4, Title 13, Part 1, of the Code. This bill was introduced by Col. Troy, of Montgomery, and was intended to repeal the law establishing boards of health in Alabama, and the law to regulate the practice of medicine in Alabama, both of these laws being included in the chapter mentioned.

(2) A bill to establish a State board of quarantine. This bill was introduced by Col. Jones, of Montgomery, and was intended to create a State quarantine board separate and apart from the State board of health—said board to be composed of the Governor, the Secretary of State, the Attorney General, and two medical men to be nominated by the State Medical Association.

(3) A bill to regulate the practice of quarantine in Alabama. This bill was prepared by the State Medical Asso-

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ciation, and was introduced by Mr. Davison, of Escambia. It passed the Senate, but failed in the House of Representatives.

(4) A bill to prevent the introduction and spread of yellow fever in the State of Alabama. This bill was introduced by Mr. Davison, of Escambia, and became a law. It is subjoined to this section of this report.

(5) A bill to establish a doctor's lien to the amount of ten dollars for each family. This bill was introduced by Mr. Godfrey, of Sumter, and was accompanied by a petition signed by a considerable number of physicians—which petition is subjoined to this section of this report.

(6) A bill to repeal the act to carry into effect the health laws of the State. This bill was introduced by Mr. Wells, of Chilton, and was intended to repeal our standing appropriation of three thousand ($3,000) dollars. Its passage was advocated by certain physicians living in Montgomery.

(7) A bill to establish an eclectic State board of medical examiners. This bill was introduced by Dr. C. B. Taylor, of Randolph, and was intended to remove all eclectic or reform physicians from the jurisdiction of our existing boards of medical examiners. It was accompanied by a memorial signed by a committee of the Eclectic Medical Association of Alabama—which memorial is subjoined to this section of this report.

(8) A bill to establish a botanic or reform board in DeKalb county. This bill was introduced by Judge Haralson, of DeKalb, and was intended to give the said botanic or reform board the power to issue certificates to botanic or reform physicians authorizing them to practice medicine in any part of the State.

(9) A bill to permit all graduates of all chartered medical colleges, in this and in other states, to practice medicine without examination by state boards. This bill was introduced by Mr. Baltzell, of Pike, and was intended to neutralize the existing law to regulate practice.

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(10) A bill to authorize — — Tillery, of Butler county, to practice medicine without examination. This bill was introduced by Judge Henry, of Butler county, by request, and was intended to override the law to regulate practice in its application to this particular individual.

THE LAW TO PREVENT THE INTRODUCTION AND SPREAD OF YELLOW FEVER.

The only one of these bills enacted into law is that which is numbered (4) in the foregoing memorandum. It is as follows:

AN ACT to prevent the introduction and spread of yellow fever in the State of Alabama.

SECTION 1. *Be it enacted by the General Assembly of Alabama*, That whenever the health officer or probate judge of the county of Escambia makes complaint on oath to the Governor of the State of Alabama that there is a good cause of suspicion or belief that the disease of yellow fever exists in Pensacola or Milton, or other place in the counties of Escambia or Santa Rosa, in the State of Florida, it shall be the duty of the Governor to forthwith inquire into the truth of the complaint so made, and if found to be true, to notify the probate judge of Escambia county without unnecessary delay.

SEC. 2. *Be it further enacted*, That upon receipt of notice from the Governor as provided in section one of this act, it shall be the duty of the probate judge of Escambia county to proceed at once under the provisions of the laws now in force to prevent the introduction and spread of contagious or infectious diseases, and to establish such hospitals and appoint such guards as may be necessary and suitable for that purpose.

SEC. 3. *Be it further enacted*, That the sum of one thousand dollars, or so much thereof as may be necessary, is hereby annually appropriated to defray the expenses incurred und r this act, to be paid by the Treasurer upon the warrant of the Auditor, who shall give his warrants to such persons as present the order of the probate judge of Escambia county, approved by the Governor, in the amounts certified to be due them for services performed under this act.

SEC. 4. *Be it further enacted*, That any officer failing to perform the duties requir d under this act shall be deemed guilty of a misdemeanor, and upon conviction must be fined not less than five hundred dollars.

Approved, February 17, 1885.

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THE BILL TO ESTABLISH AN ECLECTIC BOARD OF MEDICAL EXAMINERS.

This bill provided that for the future any one who desired to practice the eclectic or reform system of medicine should first obtain a certificate of qualification from some board of medical examiners to be authorized by the Eclectic State Medical Association. No provision was made in the bill to prescribe rules for the government of the board; or the standard of qualification to be required of applicants, Aside from this, there cannot be more than fifty *bona fide* eclectic practitioners in the State. Many of these are poorly competent to conduct examinations; and those who are competent are so scattered that it would not be practicable to get them together when an applicant presented himself.

For these and for other reasons, sufficiently evident without special mention, it is easy to see that the passage of any such law as was contemplated in this bill would prepare the way to admit to practice all the quacks and ignoramuses who chose to flock into the State. Ignorant graduates of regular medical colleges rejected by the regular boards could, and no doubt would, apply to this new board and obtain certificates to practice as eclectics.

Strange to say, this bill was introduced into the House of Representatives by a regular physician, a graduate of the Græffenberg Institute, a medical school now extinct, that existed before the war in Tallapoosa county, and which was regularly chartered by the State of Alabama. But it was presented at the instance of the Eclectic Medical Associaciation of Alabama, of which association we add here a brief statement of such facts as we have been able to ascertain:

On the 6th of May, 1884, a small gathering of eclectic physicians met in the city of Montgomery and organized an association under the name of the Eclectic Medical Association of Alabama. This association is said to consist of twenty-four (24) members, with the following officers: R. J. Thornton, M. D., of Tuskegee, President; J. W. Williams, M. D., of Opelika, and D. F. Moxley, M. D., of New Provi-

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dence, Vice Presidents; W. H. Lamar, M. D., of Auburn, Secretary; J. W. Abbott, M. D., of Cullman, Treasurer; Miss Lizzie Abbott, of Cullman, Corresponding Secretary. The object of the organization is stated to be "to promote Æsculapian success in accordance with the progressive demands of modern times," whatever that astonishing example of inflated rhetoric may mean. In the meantime, its real object is unquestionably to endeavor to secure the repeal or modification of the law to regulate practice. Along with the bill was submitted the following memorial:

To the Honorable Senate and House of Representatives of the State of Alabama:

The undersigned committee, by appointment of the Eclectic Medical Association of Alabama, respectfully represent to your Honorable Bodies that said Eclectic Medical Association was organized in the city of Montgomery, on the 6th of May, 1884, with twenty-four (24) members.

We furthermore represent that there are from 60 to 100 Eclectic or Reform practitioners of medicine in this State, and that their number is increasing yearly.

We furthermore respectfully represent that said Association is affiliated with the National Eclectic Medical Association, chartered by the State of New York and composed of the representatives of twenty-four State Medical Associations and seven medical colleges; that said National Eclectic Medical Association has a membership of three hundred and fifty-five (355); that three other medical colleges are on probation for membership, and three more applicants for membership.

We furthermore respectfully represent that the Eclectic or Reform School of Medicine is represented in the United States by (15) medical colleges, sixteen (16) medical journals, and from twelve to fifteen thousand practitioners; that these colleges are operated under State charters, and those affiliated with the National Eclectic Medical Association are under the supervision of said association and have its recommendation.

We furthermore respectfully represent that these medical colleges teach the collateral branches of medicine, such as anatomy, physiology, surgery, midwifery, chemistry, medical jurisprudence; and the usual time of study and two full courses of lectures and an approved examination are required for graduation, and that graduates of these schools are as well taught and prepared to practice medicine as those of other medical institutions.

We therefore represent that we have a distinct individuality, as shown by our organizations and medical institutions, and that we practice a new and, as we believe, improved system of medicine. We also represent that the Allopathic, or self-styled "Regular" school of medicine declare us to be "irregular," and therefore distinct from them; and in their code of ethics deny us professional recognition and association by forbidding their prac-

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titioners "to give certificates of qualification to, or be otherwise concerned with, irregular doctors." For these reasons we believe that the law of Alabama, which requires so-called "irregular" practitioners of medicine to obtain certificates of qualification from boards of examiners appointed by the self-styled "regular" State Medical Association of Alabama, is unjust and unfair.

We, therefore, most respectfully ask your Honorable Bodies to enact the bill introduced in the House on the 28th day of November last by the Hon. C. B. Taylor, requiring Eclectic or Reform physicians to obtain certificates of qualification from a board of medical examiners authorized by the Eclectic Medical Association of Alabama.

We also beg to remind you that said bill does not create another board of health, nor change the relation which eclectic or reform physicians sustain to the present law. It simply gives them examining and licensing boards of their own.

R. J. THORNTON, M. D.,
W. H. LAMAR, "
F. W. ABBOTT, "
D. N. MOXLEY, "
W. R. CHAPMAN, "
Committee.

On two previous occasions, namely, in 1881 and in 1883, memorials similar in purpose to this have been submitted to the General Assembly by the eclectics. Each of these previous memorials was at the time of its appearance reviewed by us at considerable length, as can be seen by consultation of the Transactions for the years mentioned. This new manifesto is hardly of sufficient importance to warrant anything like a thoroughgoing discussion of it. We may, however, in passing, call attention to one of the clauses of this document in illustration of that recklessness of statement and quotation which seems to be with these people a sort of constitutional weakness: "We also represent that the allopathic or self-styled 'regular' school of medicine declare us to be 'irregular,' and therefore distinct from them; and in their code of ethics deny us professional recognition and association by forbidding their practitioners 'to give certificates of qualification to or be otherwise concerned with irregular doctors.'" Now, in the face of a distinct and emphatic assertion like this, deliberately prepared with a view to influence the legislative action of the General Assem-

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bly of the State, and signed by five doctors who write M. D. after their several names, could any one be prepared to believe that the prohibition here pretendedly quoted from our code of ethics, and duly garnished with quotation marks, is not to be found at all in said code of ethics from the beginning of it to the end of it? And yet the code of ethics contains no such clause. Not only so, but the code of ethics does not contain any clause bearing the remotest resemblance to this. Then, again, as a matter of fact, several of the boards of medical examiners in this State have given certificates of qualification to eclectic doctors—such certificates, that is to say, as the law prescribes, as to their proficiency in anatomy, physiology, chemistry and the mechanism of labor.

THE BILL TO REPEAL THE APPROPRIATION.

The day preceding the adjournment of the General Assembly for the christmas recess, Mr. Wells of Chilton county, introduced in the House of Representatives the bill to repeal the act passed in 1879, to carry into effect the health laws of the State. The whole sum and substance of the act which it was proposed to repeal is the appropriation of three thousand dollars a year for the uses of the State board of health; and the whole purpose and intent of the Wells bill was to repeal this appropriation. Two things very soon became evident, namely: (1) That so far as the interests of this association were concerned, the great fight of the session was to be over this bill; and (2) That the bill was inspired and advocated by medical men; and not only so, but by medical men who were members of this association—three of them counsellors and ex-presidents of this association, and the rest of them members of this association by virtue of their membership in the Montgomery Medical Society. It was this last fact, indeed, the fact, namely, that this movement was instigated and sustained by medical men of high position, ability and influence, that gave to the movement itself its special significance and at the same time

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made it so dangerous. Here certainly was a memorable spectacle—a little band of Montgomery doctors arrayed against the Medical Association of the State, and against the peace and dignity and best interests of the medical profession; and this upon their own motion, representing nobody but themselves, without consultation with physicians in other parts of the State, without consultation even with the majority of the physicians in their own city, and without the warrant of any reasonable provocation or excuse. In spite of all that sort of specious sophistry which men sometimes make use of to shield themselves from righteous condemnation, and to make the worse appear the better reason, the following propositions are true beyond all possibility of controversy:

(1) The law making this appropriation for the uses of the State Board of Health was enacted by the General Assembly of the State at the urgent solicitation of this Association, and upon our earnest representation that it was necessary for the establishment and supervision of an efficient public health system in the State.

(2) The management of this fund had been accepted in good faith by the Association, acting as the State Board of Health, and had been administered in good faith for the space of five years; and during all these years the fact that the State has placed in our hands these public health functions, and intrusted to us the administration of this fund, is one of the achievements upon which we have specially prided ourselves, and upon which we have been accustomed to challenge public confidence and admiration.

(3) To take away from us these public health functions would be to take away from us at least one half of the power and influence we now have to serve the people of the State and to advance the interests of the profession; and to take away from us this appropriation would be practically to deprive us of all our powers and privileges as a State Board of Health—surely a consummation not by us to be devoutly wished.

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(4) If we have corruptly or unwisely wasted this money the State could not be blamed for abrogating the law that gives it to us. If we ourselves should become convinced, after fair trial, that we are not able to use this money so as to secure to the State the full value of it in beneficent results, it would then become our duty, as honest men, frankly to say so, and, confronting as best we could the humiliation of failure, we should then surrender to the State the trust we found ourselves incompetent to administer.

(5) In the meantime, while we are engaged in the administration of this fund, while we are in good faith endeavoring to serve the State, and by so doing, to win honor and influence for the Association, we certainly have the right to expect the hearty coöperation and support of our own members, and especially of members who have stood high in our counsels, and whom we have delighted to honor.

(6) If our own members find fault with our work, if they believe we are expending the State's money unwisely and unprofitably, for their own honor, and for ours, they should come before this Association with their complaints of bad management, and their suggestions of wiser methods and more profitable policies. Then, if the Association failed to modify its policy according to their suggestions, there might be some reason for them to consider whether their duty to themselves and to the public demanded that they should antagonize the Association to the extent of declaring war against it in the General Assembly. But if any disagreement of the sort here indicated should ever arise between the great body of the Association on one side, and a few of its members on the other side, the probabilities would be overwhelmingly in favor of the presumption that the Association was right and the dissatisfied members wrong; and certainly, in the last analysis, the case would have to be a most extraordinary and monstrous one indeed to justify any open revolt against the authority and discipline of the Association, the Association giving expression in all of its decisions to the aggregate opinion of the medical profession of the State.

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THE BILL TO ESTABLISH A DOCTOR'S LIEN.

The bill to establish a doctor's lien to the extent of ten dollars per annum for every family was not presented to the General Assembly by authority of this association. It was the purpose of the bill to procure legislation for the exclusive benefit of doctors, and for the association to have advocated its passage would have been in contravention of its proud, unselfish, traditional policy, never to ask anything of the State for the exclusive benefit of the medical profession which it represents. This was well understood by the friends of this bill. "We understand very well," they said, "that the medical association will not have anything to do with a bill of this sort; and we do not expect the association to help us to get it passed."

In regard to this particular movement we desire to say this: That if this bill had become a law, in our opinion, its effects would have been exceedingly mischievous. It would have led to the virtual establishment of an immense system of contract practice in Alabama; because it is easy to see that whenever any arrangement was made between any family and any physician under this law the physician would get the ten dollars a year and no more. While it might not always have been a contract in terms, it would always have been a contract in effect. And of all the dangers that lie in the way of the medical profession in Alabama, and indeed in all the States of the Union, the danger most to be feared is the danger of contract practice.

That the collection of medical bills is well nigh impossible in many of the agricultural districts of Alabama, is only too true. That the temptation in this state of affairs to appeal for legislative aid to enable the doctor to collect at least a few dollars for his services is very great, is also unfortunately only too true. But in this case the remedy would prove worse than the disease.

In regard to all movements similar to this we desire to say, that it seems to us that it is unwise and inexpedient

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that any bill involving the common interests of the medical profession of this State should be presented to the General Assembly for consideration until it has first received the approval of the State Medical Association. This is not the first time we have had occasion to discuss this question; and the principle we here advocate has already received the approval of the association. It will be found clearly stated on page 45 of the Book of the Rules.

THE ACTION OF THE BOARD OF CENSORS IN REGARD TO THESE BILLS.

That these bills, with the exception of those numbered (3) and (4), were adverse to the interests represented by the the State Medical Association, was evident at a glance, and the influence of medical men all over the State was invoked to compass their defeat. The invocation met with prompt response, and a large majority of the members of the General Assembly were appealed to by the physicians of their several localities to maintain the integrity of the existing laws, and to oppose the passage of all adverse bills. The effect of this action of the profession was very great, and went far toward the prevention of adverse legislation.

In the mean time, the board of censors presented to the General Assembly the memorial which here follows, and which was signed by one of the members of the board, Dr. J. S. Weatherly, namely, with the following reservation:

"I concur with everything in this memorial affecting the State Association. The bill proposing the repeal of the $3,000 appropriation I do not think will affect the progress of the association."

THE MEMORIAL

Of the State Board of Health to the Honorable the Senate and the House of Representatives of the General Assembly of the State of Alabama.

The undersigned, the Board of Censors of the State Medical Association, and the Committee of Public Health, or Executive Committee of the State Board of Health, for and in behalf of the said State Medical Association, and for and in behalf of the said State Board of Health, beg the favorable consideration of your honorable bodies to the following statement of facts:

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(1) It has come to our knowledge that several bills affecting the status of the State Medical Association and of the State Board of Health are now pending in the General Assembly. These bills are, as we understand, some six in number; but, inasmuch as the same arguments will more or less apply to all of them, we call your special attention to only two of them, namely: (1) The Senate bill to repeal Chapter 4, Title 13, Part 1, of the Code; and (2) The House bill to repeal the law to carry into effect the health laws of the State. The effect of the first of these bills, if enacted into law, would be to abolish all the boards of health in Alabama. The effect of the second of these bills, if enacted into law, would be to destroy directly the efficiency of the State Board of Health, and indirectly to destroy the efficiency of all the county boards of health.

Of the reasons that might be given why these bills ought not to be passed we mention only a few, and these few very briefly:

(2) It has passed into a proverb, that public health is public wealth; and hence the need of legislative enactments for the promotion of public health has been recognized in all civilized communities, health boards and health laws being a part of the recognized machinery of government in most European countries, and in most of the States of the American Union. Indeed it is safe to make the sweeping assertion, that just in proportion as communities advance in civilization do they pay more and more attention to public health, so that in all civilized countries departments of public health are as much matters of course as judiciary departments, or departments of public education.

(3) Here in the State of Alabama thousands of deaths and hundreds of thousands of cases of sickness occur every year from diseases which might be prevented, entailing on the people an amount of physical suffering and pecuniary loss which it would not be easy to exaggerate. It is true that in many of the counties of the State, for want of means, the progress of sanitary improvements must be slow. But every where something might be done; and every where, under wise direction, slowly and surely, year after year, the achievement of beneficent results becomes possible.

(4) The system of health organization adopted in Alabama is believed to be superior to that of any other American State. It virtually makes every physician in the State an assistant health officer. The expense to the State which it involves is extremely small. The expense to the several counties and cities which it involves is left entirely to the proper legal authorities of such counties and cities as may choose to avail themselves of its advantages. The plan is that there shall be a county board of health in every county of the State; and a State Board of Health with a general supervision of the county boards.

(5) We have not expected that our system of public health, like Minerva from the brain of Jove, should spring up all in a moment fully developed and armed with the power to banish disease from the land. Things must have time to grow. Our progress has surpassed our hopes. We feel that we deserve the fostering care of the State and not its reprobation. It is better to build up than to pull down.

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(6) The appropriation made by the State for the uses of the State Board of Health is three thousand dollars a year. It is less than one quarter of one cent per annum per capita of our population. Hardly any other department of the State government costs so little. The State pays more indeed for the care and supervision of the State house than she does for the sanitary supervision of the twelve hundred thousand souls within her limits. The disposition of this money is left to the discretion of the State Board of Health, said board being undoubtedly the best judges as to how it can be used to the best advantage. Acting under the general direction of the Board, the undersigned are immediately responsible for all the expenditures that have been incurred in the administration of the law. We know that these expenditures have been made in good faith, and we believe that they have been made wisely and well.

PETER BRYCE, Tuskaloosa,
JEROME COCHRAN, (Sen. Censor) Mobile,
J. S. WEATHERLY, Montgomery,
SAMUEL D. SEELYE, Montgomery,
JOHN J. DEMENT, Huntsville,
WM. HENRY JOHNSTON, Selma,
FRANCIS M. PETERSON, Greensboro,
JOHN R. HOFFMAN, Athens,
WILLIAM H. SANDERS, Mobile,
GEORGE A. KETCHUM, Mobile.

Approved: B. H. RIGGS, M. D., President State Board of Health.

The development of events in connection with these bills, and especially in connection with the Wells bill, pursued an extremely rapid course; and as there seemed to be some possibility that the active efforts of our enemies might result in the success of this last named bill; first before the House committee of ways and means, which had it in charge; and then, subsequently, perhaps before the General Assembly, it was decided to call a special session of the Censors and Counsellors. This was done, and with results of which the Association has good reason to be proud. Eight out of the ten Censors were in attendance, and thirty out of the hundred counsellors, together with several members not counsellors, and several visiting physicians. It was, indeed, an occasion long to be remembered. Some fifty physicians from all parts of the State—from the east and the west, from the Tennessee Valley on the north to the Gulf of Mexico on the South, met together on a sudden

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summons, leaving their patients at home, paying their own expenses—met together at the capital of the State to defend the threatened interests of the profession, and to see justice done to a foully assailed official for whose official acts they made themseves promptly responsible.

The minutes of this special session have been submitted to the Association in the report of the Secretary, and need not to be detailed here. It only remains to be stated that the committee appointed by the authority of the session, and composed of Drs. B. H. Riggs, J. J. Dement, M. C. Baldridge, Peter Bryce, Wm. H. Sanders, and Jerome Cochran, remained in Montgomery, and appeared before the ways and means committee to present the arguments against the passage of the Wells bill. Before the committee in question they were met by the medical gentlemen of Montgomery who had constituted themselves before the General Assembly the champions of the Wells bill, and the advocates of the repeal of the appropriation to carry into effect the health laws of the State, namely: Drs. Wm. O. Baldwin, J. B. Gaston, J. S. Weatherly, R. F. Michel, B. J. Baldwin, and B. R. Pearson.

The result of this conference was that the committee of ways and means, with but one dissenting voice, agreed to make an adverse report on the bill; and this adverse report was concurred in by the almost unanimous vote of the House of Representatives.

INVESTIGATION OF COUNTY SOCIETIES.

At the revision of the roll of the county medical societies during the last annual session of the Association, the Board of Censors was ordered to investigate the medical societies of Coosa, Crenshaw, and Lawrence counties, said societies having failed in representation and reports. We have attended to this duty and have to report as follows:

The Coosa County Society, soon after the adjournment, sent up the annual report and the members' dues. We, therefore, recommend that we be discharged from the fur-

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ther consideration of this case, and that the Coosa County Society be retained on the roll.

The Crenshaw County Society seems to be in a condition not at all favorable to its efficiency in the administration of the law to regulate practice and of the health laws of the State. Still, as it has not been formally disbanded we indulge the hope that it may be saved to our organization. We, therefore, recommend that it be continued under investigation for another year.

The Lawrence County Medical Society has not been in a flourishing condition for several years. As the result of our investigation, a new organization has been effected, and there is now a fair prospect that this society will do better for the future. We, therefore, recommend that the Lawrence County Medical Society be retained on the roll, and that we be discharged from the further consideration of this case.

THE GREENE COUNTY MEDICAL SOCIETY AND THE PROFFERED SURRENDER OF ITS CHARTER.

For the first time in the history of the Association we have been called upon to consider the question of the surrender by a county medical society of its charter. The proposition comes from the society of Greene county; and of course involves the suspension in that county of the administration of the law to regulate the practice of medicine, and of the administration of the health laws of the State. Involving such issues as these the question is an important one, and we have given it very careful consideration.

From the information in our possession we are constrained to believe that the Greene county medical society has in this matter acted hastily and unwisely, and without a proper appreciation of the facts and principles that should have controlled their action. The reasons given in explanation of their action are these two, namely:

(1) The impracticability of collecting vital statistics in

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Greene county, and their belief that failure in this regard would involve the forfeiture of their charter.

(2) The alleged incivility of the State health officer.

A very slight examination of the case is sufficient to show that neither nor both of these alleged reasons could furnish any adequate warrant for the surrender of their charter.

As to the impracticability of collecting vital statistics in Greene county: In the first place, we fail to see why this work may not be as well done in Greene county as in any other county. There are a large number of physicians in Greene, and they are well distributed over the county, and all of them are members of the county society and subject to its discipline. The conditions, therefore, would seem to be specially favorable for the collection of statistics in Greene instead of being specially unfavorable, and if the effort has proven a failure it would seem that the failure is certainly the fault of the society.

In the second place, any county society may fail to collect vital statistics and may be to blame for such failure, and yet it does not follow necessarily that such failure involves the forfeiture of its charter. Several of the county societies have hitherto failed of the successful administration of the vital statistic law; and yet for this cause none of them have ever been deprived of their charters, or even threatened with such deprivation. Nay more, for this cause no county society has ever received the censure of this Association. The Greene county society, itself, has always failed in the administration of this law ever since the law was passed, but for all that it has never been called upon to give up its charter, and has never been censured for its failure. The facts of its own experience, therefore, should have furnished it with a sufficient argument for the insufficiency of this ground of action.

In the third place, even if the society entertained the conviction that failure to enforce the collection of vital statistics would lead to the withdrawal of their charter, it is hard to understand why they did not submit the whole case to the

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judgment of this Association before taking the extreme step of cutting themselves off from its fellowship and jurisdiction. There are, however, a few facts in the recent history of the Greene county society that must be mentioned in this connection. Early in 1884 there was a controversy between the Greene county society, acting as a county board of health, and the county commissioners in regard to the payment of some charges growing out of the management of an epidemic of small-pox which had prevailed in the county during the previous year. We are not sufficiently familiar with the facts of this controversy to be able to express any opinion as to its real merits, or as to which one of the parties to it was to blame. But in the course of it the entire board of censors of the society resigned their positions with the understanding that the places should remain vacant. The society was advised by the Senior Censor that in taking this action they were in violation of their own constitution, of the constitution of the State Association, and of the law of the State, and that persistence in such action would necessarily lead to the forfeiture of their charter. There can be no question as to the legal correctness of these statements; because it is well known that the constitution of every county society contains a provision for a board of censors as a part of its regular official machinery; that the constitution of the State Association expressly provides that every county society in affiliation with it shall have a board of censors charged with the performance of very important duties; and that the constitution of the State Association and of the several county societies are all expressly recognized and sanctioned by the law of the State.

The representations referred to seem to have satisfied the Greene county society that they had made a mistake. At any rate, they proceeded to the election of a new board of censors.

In the fourth place, it must be borne in mind that our county medical societies have other important functions besides the administration of the health laws. They are

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expected, namely, to keep up the organization and discipline of the profession in their respective counties, and to enforce the administration of the law to regulate the practice of medicine. Hence, it follows that while the failure of any county society to administer successfully the law for the collection of vital statistics is very much to be regretted, we would not be likely for that reason alone to deprive any such society of its charter, but would rather desire to sustain its organization in every way we could, so as to have the benefit of its coöperation in the other important fields of action which we have mentioned.

As to the other reason given by the Greene county society for the surrender of its charter, namely, the incivility of the State Health Officer, it is hardly worthy of serious discussion.

In the first place, although this is given in the official communication of the secretary of the society as one of the grounds of its action, we have the written assurance of members who were present at the meeting in which the surrender of the charter was resolved on, and who voted for the surrender, that the incivility of the State Health Officer had nothing to do with the decision that was reached.

In the second place, we have to say very briefly that the State Health Officer is the creature of the State Association, and is to the fullest extent amenable to its discipline. If he is guilty of incivility, or of anything else that is worthy of censure, the proper course to pursue is so plain that he who runs may read it. Let charges be made against him, and let him be put upon his defense. Surely in such an issue the Association can be trusted to do what is right.

There are still other considerations that ought not to be overlooked in a case like this. It is fairly to be presumed, since no mention of it is made in the communication of the secretary of the Greene county society, that no previous notice was served on the members that the proposition to surrender the charter would come up at the meeting at which

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this action was taken. But in so vitally important a matter, every member should have been duly notified, so as to have been able to be present if he desired it; and it would seem to be the dictate of a wise expediency that the surrender of a charter should require the consent, not simply of the majority of a quorum, but of a majority of the whole society.

But we go even further than this, and take the position that this Association should never accept the surrender of the charter of a county society as long as a sufficient number of medical men in the county to give a promise of successful administrative work are still willing to sustain the county organization; and under such circumstances we would say that five or six good men and true would constitute a sufficient number. Those who are no longer willing to uphold the cause of the profession for which this Association and its affiliated county societies have labored so long and so earnestly, have of course the privilege of withdrawing from membership and the obligations which membership imposes upon them. But they have no right, even if they are in the majority, to make it impossible for those to continue the work who are willing to do so. In such cases, it is not alone the doctors who live in the county whose interests are at stake. On the contrary, it is a matter of the gravest importance to the entire medical profession of the State; and not to medical men of this present time only, but to the medical men of future generations as well.

We, therefore, recommend that the further consideration of the surrender of the charter of the Greene county medical society be postponed until the next annual session of this Association; and that in the meantime the proper officers of the Association shall take the matter in hand and endeavor to make some arrangement by which the Greene county society may be continued as a member of our organization.

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SUGGESTIONS FOR THE REGISTER.

Heretofore in the Register, along with the names and post-office addresses of physicians, we have published the names of their colleges and the dates of graduation.

In view of what we have said elsewhere as to the superior dignity and importance of the certificates of our examining boards; and in view of the legal questions that may arise under the law to regulate practice, it seems to us that in addition to the items heretofore inscribed in the Register there should also be inscribed, in connection with the name of every physician, the date of his certificate and the name of the county board from which it was obtained. We therefore recommend that the secretaries of the county medical societies be required to include in their annual reports these additional data; and that the secretary of this association shall likewise include these additional data in the Annual Register published in our Transactions.

TRANSACTIONS ON HAND.

The number of copies of the several volumes of the Transactions now on hand, given in annual order, is as follows:

Before the war: for 1851—3 copies; for 1852—2 copies; for 1853—2; for 1854—1 copy.

Since the war: for 1869—36 copies; for 1870—29 copies; for 1871—1 copy; for 1872—7 copies; for 1873—7 copies; for 1874—2 copies; for 1875—12 copies; for 1876—0 copies; for 1877—83 copies; for 1878—3 copies; for 1879—2 copies; for 1880—9 copies; for 1881—4 copies; for 1882—8 copies; for 1883—1 copy; for 1884—8 copies.

From this statement it will be seen that for some years we have a far larger number of copies than we are likely to have any use for; while for other years the number of copies is very small; and for some years we have no copy at all. It is very much to be desired that these deficiencies should be supplied. To this end we recommend that we be authorized to appeal to members of the association for contribu-

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tions of such surplus copies as they may happen to have on hand, especially for copies of any of the annual volumes published before the war; and for copies of the volumes for the years 1871, 1874, 1878, 1879 and 1883.

There is no reason to fear that we will get too many copies of any of the volumes of the Transactions, as any surplus can always be used for exchange with other associations and boards of health.

EXCHANGES.

We have accumulated several hundred volumes of exchanges; but this has been done in a very unsystematic way, and no care has been exercised to secure and maintain unbroken files. This carelessness ought not to be allowed to continue; and we recommend that we be authorized to have constructed a proper catalogue of the publications on hand; and, also, an exchange list; and to do whatever may seem expedient to supply missing volumes in the files of our exchanges.

CONTRIBUTIONS TO LIBRARY.

We also recommend that we be authorized to appeal to the medical profession of the State for contributions to the library. Volumes of old books, even odd volumes, and files of old journals are all desirable. Here, again, duplicates and triplicates can often be utilized in the way of exchange. Many physicians have retired from practice, and have no longer any special need for their medical books. Others die leaving no relatives engaged in the practice of medicine to inherit their medical books. It is well known that second hand medical books can not be sold to any advantage. Under such circumstances it would seem that many physicians would be glad to make donations of their books to the library where they could be preserved and made useful.

THE ENDOWMENT OF THE ASSOCIATION.

The report of the treasurer for 1883, as published in the Transactions for 1884, shows that the income of the associa-

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tion for the year covered by the report was a little over 1,600 dollars. With the organization of new county societies and the extension of our membership, our annual income may be expected in the course of a few years to reach the sum of 2,000 dollars; or if proper diligence is used to collect the dollar dues from all members, it may ultimately reach the sum of 2,500 dollars.

Heretofore our annual income and our annual expenditure have about balanced one another, and we have not been able to accumulate any permanent fund.

Nevertheless, a permanent fund is greatly to be desired. It has been said that knowledge is power. It might be said with equal truthfulness, that wealth is power; and it can not be doubted that the power, influence and usefulness of this association would be greatly augmented if it had at its command large sums of money. We have many uses for money. We must continue indefinitely the publication of our annual volume of Transactions. We now pay small salaries to our secretary and to our treasurer; but it is even now desirable, and will become more and more so as the years go by, to increase these salaries as these officers are burthened with additional duties and additional labors. The time will probably come when it will be found expedient to require more work and a wider supervision of the interests of the association from the President; and while it may be presumed that the honor of this high office will be received as a full equivalent for the labors attached to it, it may be found wise in the course of time to allow a few hundred dollars a year to cover the President's traveling and incidental expenses. From time to time we may be involved in litigation in the courts that may necessitate very considerable expenditures. And without further specification, it is easy to see that occasion after occasion is sure to arise demanding the use of money.

Our existing charter authorizes the Association to accumulate property to the amount of fifty thousand dollars. Why should we not go to work and do this? and far more

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than this? Why should not this Association live a hundred years, and at the end of the century be worth a million of dollars? If we really desire to have it so, even this large consummation is entirely within our power.

But turning our eyes aside from these large speculations, there is no reason why we should not make the attempt to accumulate something; and to this end we suggest the utilization of two possible sources of revenue:

(1) To set aside from year to year any surplus of our regular income from the dues of our several classes of members which may from time to time remain over after the payment of our current expenses for the formation of a reserve fund, which said fund shall be from time to time invested in such securities as to the Board of Censors may seem safest and best.

(2) To appeal to the profession and to the general public for donations and bequests towards the creation of a permanent endowment, and funds received in this way to be invested in such securities as may be judged best and safest; and of which the income alone can be used. There is no reason why considerable sums of money should not be obtained in this way in Alabama, as has been done in other States.

The proper rules for the management of these two funds, together with the proper forms for donations and bequests, can be prepared hereafter if our suggestions meet the approval of the Association.

AMENDMENTS TO THE CONSTITUTION.

We have duly considered the three proposed amendments to the constitution submitted a year ago by Dr. Jerome Cochran.

The first amendment proposes to extend the term of office of the President to three years. In our opinion the time has not come to make this change. We therefore recommend that this amendment be placed on the calendar so that it may be called up hereafter, and that the further consideration of it be postponed.

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The second amendment proposes to extend the terms of the Vice-Presidents to two years, and arranges the elections so that only one vacancy will occur annually by expiration of term. We recommend that this amendment be adopted by the Association.

The third amendment proposes to repeal the rule which provides that the same person shall not be eligible for the Presidency for two successive terms. We recommend that this amendment be adopted by the Association.

THE CASE OF THE LOUISVILLE MEDICAL COLLEGE.

At our annual session of last year in Selma, on our recommendation the Louisville Medical College was placed under the ban of the Association, and our boards of medical examiners were instructed not to recognize its diplomas. The cause of this action was the objectionable method resorted to by some of the attachès of this college in drumming for students. A full account of the whole matter is given in our last year's report.

This college is naturally anxious to have this action rescinded, and to this end the Dean of the College, Dr. J. A. Ireland, who was personally in attendance at this meeting, addressed to the President of the Association the following communication, which has been referred to us under the rules for consideration. Said communication is as follows :

To Dr. B. H. Riggs, President of the Medical Association of Alabama :

DEAR SIR—As I am here from the Louisville Medical College at Louisville, Ky., I would be much pleased to have a hearing before a committee of your body concerning that institution.

Respectfully, &c.,
J. A. IRELAND,
Dean Louisville Med. College.

Dr. Ireland was duly invited before the Board of Censors, and made certain statements which he was requested to put in writing, which he did as follows :

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To the Board of Censors of the Medical Association of Alabama:

I wish to state most positively that those very objectionable letters sent out from the Louisville Medical College in 1883 were not sent by the authority of the Faculty, as there never was any action taken on the subject. We have in our school a Dean, a Registrar, and a Secretary. The Registrar and Secretary, both being busy practitioners, employ young men attached to the college to do much of the correspondence. Each one has so many States to attend to. The young men in their zeal to get students wrote without discretion. Hence all this trouble. No one regretted more than I the character of those letters. At present the Louisville Medical College is managed in strict accordance with the most exacting rules of propriety. Therefore, we simply request that our college be recognized by your board during good deportment.

Very respectfully submitted,

J. A. IRELAND, Dean.

In view of the fact that these promises, if made in good faith, are all we could reasonably demand; and in view of the further fact, that all medical graduates have to pass the ordeal of our own boards of medical examiners before they can engage in practice in Alabama, we recommend that the Louisville Medical College be restored to the list of reputable medical colleges, and that our examining boards recognize its diplomas as they do those of other colleges.

DISPENSATION FOR THE HENRY COUNTY BOARD OF MEDICAL EXAMINERS.

It is reported to us that a young man who knew nothing of the condemnation of the Louisville Medical College, attended a course of lectures there last winter and spring, and graduated there. He returned home to Henry county and applied to the Henry county board of examiners for examination. His application, of course, could not be granted. He is represented as a high-toned, promising young doctor, anxious to comply with the law. Inasmuch as the ban against the Louisville Medical College has been removed, we now recommend that the board of medical examiners of Henry county be authorized to conduct the examination of this case.

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MISCELLANEOUS RECOMMENDATIONS.

(1) We have duly considered the recommendation in the President's message to the effect that a rule should be established to prevent the two distinct positions of State Health Officer and Senior Censor from being filled by the same individual. As to the general propriety of the principle involved in this recommendation, we are in agreement with the President. But there have been very good reasons why this rule has not been observed up to this time, and these reasons still control our action in this matter. It is, in the mean time, a matter that may be very safely left to regulate itself, and for the present, at least, we do not think that it is expedient to enact the proposed rule.

(2) For reasons that are sufficiently obvious without special mention, we recommend that correspondents who have first served ten years in the college of counsellors, and who have been transferred to the roll of correspondents under the constitutional provision to that effect, shall be allowed to wear the badge of the Grand Senior Counsellors.

(3) At the session held last year we were authorized, if in our judgment it seemed expedient to do so, to call a convention of all persons interested in sanitary questions—that is to say, a sanitary convention of the people. No fitting opportunity to do this occurred during the past year. But such opportunities may occur hereafter. We therefore recommend that the authority given us last year in regard to this matter be continued indefinitely.

(4) We have duly considered the communication of the New Jersey Medical Society in regard to the preliminary examination of persons who propose to begin the study of medicine; and we recommend that in reply our Association express our hearty sympathy with the New Jersey Medical Society in their effort to improve the general standard of education as a preliminary to engaging in the study of medicine; and at the same time call attention to what we have ourselves done in this regard in Alabama.

(5) We have duly considered the communication of the

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Sanitary Council of the Mississippi Valley, requesting us to join in a petition to the President of the United States urging him to place the management of the epidemic fund in the hands of the National Board of Health. We beg leave to remind the Association that, in the long struggle between the National Board of Health and the Marine Hospital Service for the disbursement of this epidemic fund, we have heretofore persistently held aloof; and we recommend that in regard to this matter the Association and State Board of Health shall adhere to its established policy of neutrality, and that we so notify the Sanitary Council.

THE REPORTS OF THE SECRETARY AND OF THE TREASURER.

We have examined the annual report of the Secretary, and finding it satisfactory, recommend that it be approved by the Association, with the proviso that in the report of the minutes of the special session of the Board of Censors and the College of Counsellors, held in Montgomery on the 29th of January, the report of the discussions shall be stricken out, as already ordered by the Association.

We have also examined the Book of the Rolls, and find that under many of the heads the entries are several years in arrears. We therefore recommend that the Secretary be instructed to proceed promptly to post it up to date.

We have examined the annual report of the Treasurer, together with the accompanying vouchers. We find it to be correct and satisfactory, and recommend that it be approved by the Association.

We have also examined the book of accounts kept by the Treasurer. It seems to be correctly written up to date, and we recommend that it be approved by the Association.

THE ROLL OF THE CORRESPONDENTS.

For the Roll of the Correspondents, we have agreed to recommend the following names:

William Henry Anderson, M. D., Mobile, Alabama; T. C.

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Osborn, M. D., Cleburne, Texas; and Caleb Toxey, M. D., Mobile, Alabama.

Dr. Anderson has been a prominent member of the Association for many years; was orator in 1871; was President in 1881; and has been for twelve years a Counsellor of the Association. His feeble health now makes it necessary for him to retire from the work of the Association.

Dr. Osborn was for several years a member of this Association, and was at one time its President.

Dr. Toxey has been a member of the College of Counsellors for ten years, and on this ground is esteemed worthy of the honor proposed.

APPLICATIONS FOR CHARTER.

Applications for charter have been received from the following newly organized county medical societies, namely:

The Medical Society of Clarke county.

The Medical Society of Coffee county.

The Medical Society of DeKalb county.

We have had the delegates of these societies before us, and on the basis of the representations made by them, we have determined to recommend that all of them be granted charters.

We have also had before us the application for charter of the Medical Society of Cullman county. This application was made through the mail, and no representative of the society was present to furnish us the information necessary to enable us to make an intelligent recommendation. We therefore suggest that final action on this application be deferred until our next annual session, and have instructed the Senior Censor to ascertain and report all the facts of the case.

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PART II. THE REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS.

THE WORK OF THE STATE BOARD OF MEDICAL EXAMINERS.

During the past year, no application has been made to us for the examination preliminary to the practice of medicine; nor has any appeal from the decision of any county board of medical examiners come before us for consideration.

During the same time, we have received from the various county boards of medical examiners the written examination papers of forty-four (44) applicants for permission to engage in the practice of medicine, and of one (1) applicant for permission to engage in the study of medicine. Of the forty-four (44) applicants for permission to practice, thirty-six (36) passed successfully, and were awarded the certificate, and eight (8) were found inadequately qualified, and were rejected. The applicant to begin the study of medicine passed an unsatisfactory examination, and was rejected.

We have carefully examined all of these papers, and find them to vary very much in thoroughness and general excellence. Whatever we have found worthy of special mention, whether for praise or blame, will be found in the next section of this report in our analysis of the work of the county boards. But before approaching that part of our subject, we desire to make a few general remarks, which we recommend to the favorable consideration of all of our boards, without exception.

The law to regulate the practice of medicine in Alabama has now been in operation for eight years in some of the counties, and for shorter periods of time in others, according to the dates of the charters of the several county medical societies. Of these there were at the beginning of this period twenty-one (21). Now they number forty-seven (47).

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During all this time the original rules for the government of examinations, which were enacted at the session of the Association held in Birmingham in 1877, have continued in force almost without change. In the meantime, however, a few additional rules have been promulgated; and such incidental questions as have arisen under the practical application of the rules have been from time to time adjudicated; so that our code of rules and precedents are now sufficient for almost any case that is likely to occur in the progress of this particular work.

While all the examining boards conduct their examinations under the same rules, some of them are much more stringent and do much more satisfactory work than others. This, however, is not to be wondered at, and is, indeed, in the nature of things unavoidable. As a rule the best work is done by the older boards; and this is in itself a gratifying fact, because it shows that our boards are progressive and improve under the teachings of experience. At various times, as may be seen in our previous reports, sundry county boards have in one way or another failed, in our opinion, to come up to the degree of excellence that we had the right to expect of them; and in such cases we have not hesitated to find fault with their work, and have on several occasions gone so far as to recommend the visiting upon them of the express censure of the Association. It is to the credit of these boards that they have always received our censure in the same spirit in which we have uttered it, and that they have shown by the subsequent improvement in their examinations that they have recognized that the censure was just and well deserved.

We have proceeded slowly and cautiously. It was not deemed advisable in the first years of our experiment to raise the standard of requirements very rapidly above a minimum of fairly respectable excellence. Our examining boards themselves had to be educated; our medical students had to be taught what sort of an ordeal they had to pass through; the medical colleges had to be impressed with the

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conviction that Alabama students graduated by them would, on their return home, be subjected to examinations that meant something; and our people generally had to become accustomed to our new plans and learn to respect them. This period of preparation and transition has not even yet reached its conclusion; and will not pass away for several years to come. But in every way we have made progress; many of our older boards have attained a very tolerable degree of efficiency; and our younger boards are year by year doing better and better work.

Such objections against the constitutionality of the law as have been raised in the lower courts have all been overruled. As yet no case has been taken up to the supreme court, so that the final test of constitutionality remains to be applied. In the meantime, the General Assembly has shown no disposition to repeal or modify the law. So far, then, our system is an accomplished and gratifying success; and if in the future we are not interfered with by the courts or the legislature we have only to persevere in our efforts to make the medical profession in Alabama whatever we desire it to be.

It is important to remember that a very large part of the efficiency of the law grows out of the provision that this Association shall from time to time prescribe the rules for the government of the examining boards, and regulate the standard of qualifications to be required of applicants. But for this provision of the law, and the consequent supervision of the examination papers so as to ascertain after what fashion the various boards were from year to year executing the high trust placed in their hands, our experiment, instead of proving, as it has, a magnificent success, would certainly have turned out a disastrous failure; and instead of commanding the admiration of the medical profession throughout the Union, we would hardly have attracted attention enough to have provoked the contempt we would have so richly deserved. It is, therefore, to be hoped that this function of the Association—the government and supervis-

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ion of the authorized boards of medical examiners—will never be relaxed or neglected. Without fear, without favor, without negligence, and without wearying in well doing, let us persevere in the labor that has for so long borne such rich fruit.

We cannot complain that any of our boards have made their examinations too stringent or have placed their standard too high. *Per contra*, many of them have been too lax in their examinations; have made them too easy and superficial; or have too often passed candidates who should have been rejected for the time—until they had prepared themselves more thoroughly by devoting some further time to study.

The general result, as we have said, has been good; we might almost say, very good. But the time has come to take another step in advance. It seems very clear to us that neither our examining boards, as a rule, nor the candidates that come before them for examination, have appreciated the real magnitude and importance of their functions, and the care with which they should be guarded against abuse. Too often it is difficult to get the members of the boards together when their services are needed. Too often the questions for the written examinations are prepared hurriedly; are expressed in poor English; are not clear as to their real meaning; are too elementary, too superficial; are, in a word, not calculated to test the real knowledge and ability of the candidates. Such a course as this does no credit to the examining board; is not just to the candidate, because it gives him no opportunity to show the extent of his knowledge; and goes far to deprive the medical profession and the general public of the protection which the law was intended to secure for the benefit of all concerned.

We all prize highly the diplomas we have received from the medical colleges. We should prize still more highly the certificates of our examining boards; should prize them more highly, because they are more trustworthy vouchers of a higher proficiency in medicine, and because they admit

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us to privileges higher than those conferred by the diploma—the privileges of practicing medicine and collecting fees under the law. Such and so important are the functions of these boards that they should be managed with the utmost care and circumspection—with dignity and decorum, and the highest possible sense of responsibility. The candidate should always be required to make a formal application for examination; should exhibit his diploma to the board, and where he is not personally known his referees should be communicated with as to his character and antecedents. When these preliminaries have been disposed of the candidate should be notified to appear for examination; and should be made to understand that the board is in real earnest; that he must prepare himself for an ordeal lasting several days; and that he is expected to do his best in every way. Then the examinations—written and oral—should be conducted strictly according to the instructions contained in the Book of the Rules.

In the course of the examination there are various minor points that need attention. The paper should always be of the same size—say legal cap—and only one side of the sheet should be written on, and the writing should be clearly and carefully done. The questions should be written on the same sort of paper. The examination in each separate branch of medical science should be separately headed, like a distinct chapter of a book, and the original questions on any branch should precede and be attached to the answers. For convenience of reference the questions should be copied by the candidate in regular order, and the answer should immediately follow the proper question. When the examination has been finished all the papers connected with the examination, including the formal application, and such account of the oral examination as the board may desire to make, together, with their decision of the case, and a few blank sheets, should be arranged in regular order and strongly bound together. This should be

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done by the candidate. And then, without delay, the paper should be forwarded to the Senior Censor.

There are four branches that have not generally been made as prominent in these examinations as their importance demands. These are chemistry, public and private hygiene, medical jurisprudence, and medical ethics. Some general knowledge of chemistry is now considered as an indispensable part of every scheme of liberal education; and certainly no physician can feel himself properly equipped for the practice of his profession without a fair knowledge of physiological and pathological chemistry.

No department of medical knowledge is making more rapid progress, or attracting more popular notice and appreciation than hygiene. How to prevent disease is quite as important as how to cure it. And the fact that under our public health system so many of our physicians are called on to take an active interest in questions affecting the public health makes it doubly incumbent on them to keep themselves well informed in regard to all sanitary questions.

There is nothing else which brings a doctor so prominently into public notice as to be called upon to give expert evidence in a court of justice, and under no other circumstances do doctors, as a rule, acquit themselves with so little credit. For these and other reasons that will be evident without special mention, acquaintance with medical jurisprudence is of too much importance to justify any neglect of it in our examinations.

The greatest dangers that now confront the profession are dangers growing out of circumstances involving questions of medical ethics. The multiplication of doctors are far beyond the needs of the people; the widespread poverty of the people in many parts of the State making the collection of medical bills a matter of great difficulty, so that the doctor is often very poorly paid; the wide prevalence of the spirit of trade built up on the principles of competition and commercial enterprise—these tend always and everywhere to professional demoralization—to contracts—under-

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bidding—advertising—and invest questions of medical ethics with an importance that perhaps never belonged to them before.

For these reasons, and others of similar nature, we desire to impress on our boards of medical examiners the great importance of making their examinations thorough in the four branches mentioned.

THE DUTIES OF EXAMINING BOARDS IN CERTAIN CASES.

Cases arise occasionally under the law in which boards of medical examiners are not quite certain as to what course they ought to pursue. The character of some of these cases is indicated in a letter addressed to the Senior Censor a few months ago, by the secretary of one of our county boards, from which we here quote the essential portions:

Our board of medical examiners have requested me to get your opinion in regard to two or three cases now awaiting our decision.

(1) One is that of Dr. D., who shows us a diploma from the Georgia Medical College, and a certificate from a board in Mississippi. He is a native of Alabama, and was legally engaged in practice in this county in 1870-1871-1872, before the formation of our board. He then, also before the formation of our board, moved to Mississippi and registered and practiced there, under the law of that State. Now, that he has returned to Alabama, what is his status under our law?

(2) Another case is Dr. M. He has a good literary education, was once a minister of the gospel, and, also, a school teacher. He shows tickets to two courses of lectures in a former New York college, and says he was subsequently given the honorary degree of M. D. in said college. He claims never to have abandoned Alabama as a home, but has practiced part of the time in Mississippi. He has been legally engaged in practice most of the time for ten years in this State. What is his present status?

(3) If a medical student of a regular medical college, in order to practice during recess for the sake of gaining a little experience and money, appeals to us to be examined as an irregular, what is our best course? We have in our county such a case. He is a splendid young man, and in time may be an ornament to the profession. He was betrayed into embarking in practice in our county and wishes to continue practicing until his college opens again. He is informed that he is liable to a penalty and wishes to escape the best way. We all like him, but duty before pleasure.

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The first case.—It is not easy to decide the issue presented by the first of these cases, if we discuss it as a pure question of law. If Dr. D. had remained in Alabama, and had continued all the time actually engaged in the practice of medicine up to the time of the formation of the county board of medical examiners, he would, of course, have been entitled to the certificate without examination. If he had remained continuously a citizen of Alabama, but had discontinued the practice of medicine during the period of time coterminous with his residence in Mississippi, would his temporary suspension of practice have worked a forfeiture of his privilege under the law, so that when he desired to begin practicing again he would have been under the necessity of qualifying himself anew? We hardly think so. One step further, and we have the case before us. When he left the State of Alabama, and became a citizen of Mississippi, he lost the rights incident to citizenship in Alabama as fully as if he had never been a citizen of the State. It would seem, then, that he lost the right to re-engage in the practice of medicine in Alabama, and that on his return to Alabama, he would have to be treated as if he had never been a practitioner here at any previous time—as if he had never before been a citizen of the State. If these assumptions are correct he would have to undergo examination just as any new comer would. The words of the law applicable to the case are as follows: "All persons who at any time have been legally engaged in the practice of medicine in this State, and who are now authorized to practice medicine in this State, shall be entitled to the certificate, etc., without examination as to qualification." If the first of these two clauses—"all persons who at any time have been legally engaged in the practice of medicine in this State"—stood alone, Dr. D.'s right to the certificate without examination would be clear. But there is the second clause, which, undoubtedly, in some way modifies the first—"and who are now authorized to practice medicine in this State"—now, meaning the date of the act, namely, February

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1877. This second clause, too, must be a restricting clause, a limiting clause. It would seem to imply that a doctor who had been at some time previous to the passage of the act "legally engaged in practice in this State," but who was not so engaged at the time of its passage, might belong to either one of two classes—a class composed of persons entitled to re-engage in the practice of medicine without examination, and a class not entitled to this privilege. The law does not tell us how to discriminate between these two classes; and the only ground of discrimination we have been able to imagine is that members of the first class were still, at the time of the passage of the act, citizens of the State, while members of the second class were at that same time no longer such. But it is doubtless safer to consider this construction as doubtful; and as these cases are not of frequent occurrence, we would recommend that when they do occur the boards of medical examiners shall issue the certificate *pro forma.*

The second case.—The case of Dr. M. is not quite clear as to the facts. So far as it turns upon his temporary residence in another State, and consequent loss of citizenship in Alabama, the principles upon which it depends have been discussed in connection with the case of Dr. D. For the rest, tickets to two courses of lectures are not equivalent to a diploma; and we know nothing of any honorary degree in medicine, unless the degree *ad eundem gradum* is so called. But this would presuppose a regular degree from some other college.

The third case.—If a medical student, whether he has attended one course of lectures, or none at all, applies for examination as an irregular, under existing rules the examination must be accorded him. But any such application from the student of a regular college, and one expecting to graduate and practice as a regular physician, would certainly constitute a very disreputable act, and one very nearly allied to absolute dishonesty. If such applicant should pass a creditable examination in the four branches—

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anatomy, physiology, chemistry, and the mechanism of labor—and be awarded the certificate to practice medicine, he should be held strictly to his record, and should be treated in every way as an irregular—that is to say, he should be denied professional fellowship and the privileges of consultation.

For the rest, the fact that this student is a splendid fellow; that all the members of the board like him; that he wants to practice so as to make money to continue his medical studies, should not be allowed, in the slightest degree, to influence the action of the board, which is bound, in its official action, to deal out justice to all, and favoritism to none.

AMENDMENT TO THE ORDINANCE IN RELATION TO THE BOARDS OF MEDICAL EXAMINERS.

The rules passed by this Association at the Birmingham session of 1877, and which are still in force, provide that county boards of medical examiners shall not examine any applicant who proposes to practice the regular system of medicine unless he holds the diploma of a medical college; but they may examine any applicant who proposes to practice any irregular system of medicine, whether he holds the diploma of a medical college or not. In point of fact, no one not a college graduate has ever made application to be examined for the practice of any irregular system of medicine, and now, after mature reflection, and especially in view of the suggestion that some of those who really desire to practice the regular system of medicine may unworthily, in order to avoid the longer examination, make application as irregulars, an abuse of the law which might lead to very undesirable consequences, it seems to us that it would be better to abolish this discrimination and to require the diploma of a medical college as a prerequisite to examination by any county board of all applicants alike. We therefore respectfully recommend that the proviso to sub-section (7) of section III of the ordinance in relation to

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the boards of medical examiners, which said proviso is to be found on page seventy-four of the current edition of the Book of the Rules, be amended so as to read as follows:

Provided, however, That no such person shall be eligible for examination by any county board of medical examiners unless he holds the diploma of doctor of medicine from some chartered medical college which is recognized as of reputable standing by the practitioners of the system of medicine which it professes to teach; the examination of all applicants to practice any system of medicine without diplomas being reserved exclusively to the State Board of Medical Examiners.

IRREGULAR DOCTORS AND IRREGULAR SYSTEMS OF MEDICINE.

The law to regulate the practice of medicine in Alabama provides that no person shall be permitted to practice any irregular system of medicine without having obtained a certificate of qualification in anatomy, physiology, chemistry, and the mechanism of labor from one of the authorized boards of medical examiners in the State. In view of this provision of the law it becomes necessary to determine the legal meaning of the phrase "*irregular system of medicine.*"

At the first glance this may seem a very easy thing to do; but a little consideration will show that it is not so simple as it seems. The difficulty in the case grows out of the fact that legal irregularity, the irregularity contemplated by the law of the State, is one thing, while ethical irregularity, the irregularity contemplated by the law of the medical profession, is quite another thing; and these two kinds of irregularity, while they overlap in various ways, are not, to borrow a geometrical expression, strictly coterminous; so that one and the same doctor may be regular, according to the legal construction of the word, and at one and the same time ethically irregular and under the ban of the profession as regards consultations and professional fellowship. The word "irregular" does not occur in the Code of Ethics of the American Medical Association; but certain things are

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therein indicated as derogatory to the dignity of the profession, as follows:

It is derogatory to the dignity of the profession to resort to public advertisements or private cards or hand bills, inviting the attention of individuals affected with peculiar diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success; or to perform any other similar acts. These are the ordinary practices of quacks and empirics, and are highly reprehensible in a regular physician.

Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a *secret nostrum*, whether it be the composition or exclusive property of himself or others; for if such nostrum be of real efficacy any concealment in regard to it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

Indulgence in such practices as those here mentioned would constitute ethical irregularity within the limits of the regular profession, and flagrant persistence in such indulgence would warrant exclusion from professional recognition.

This principle of ethical irregularity has been extended so as to prohibit consultation with physicians who place themselves in antagonism with the regular profession by the advocacy of exclusive dogmas, or by the assumption of special designations to serve them as trade marks.

In the Code of Ethics there occurs only a single passage in regard to this phase of the problem. It is in these words:

But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology and organic chemistry.

Under the circumstances mentioned in this rule, if such circumstances should ever occur, and if the two practitioners were both intelligent and honest men, consultations would

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evidently be of no use, because, having entirely dissimilar views of diseases and remedies, two such men could never agree as to treatment. We use here the qualifying phrase, "if such circumstances should ever occur," because there are no doctors now who avowedly reject either "the accumulated experience of the profession," or "the aids actually furnished by anatomy, physiology, and organic chemistry;" and none, except the homeopathic fraternity, whose practice is based avowedly on "an exclusive dogma." And even of the homeopaths, it may be gravely doubted whether their practice is based so exclusively on the dogma of *similia similibus curantur* as they pretend it is.

The most fundamental reason which makes it incumbent on the regular profession to refuse professional fellowship to physicians who claim to belong to other and different schools, is to be found precisely in this fact, that they have deserted from our ranks, have chosen to march under alien flags, have violated our discipline, and proclaimed to the world their own superior claims to the world's confidence, and especially to the world's patronage. Upon this reason is based the rule in regard to consultations of the Royal College of Physicians of London, which is in these words:

> While the college has no desire to fetter the opinions of its members in reference to any theories they may see fit to adopt in connection with the practice of medicine, it nevertheless considers it desirable to express its conviction that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The College, therefore, expects that all its fellows, members, and licentiates, will uphold these principles by discountenancing those who trade upon such designations.

In the great republic of medicine opinion is free. If a man in the treatment of diseases exhibits medicines not commonly used, does that make him an irregular? Not at all. If a man treats diseases in accordance with some particular theory of their essential nature, does that make him irregular? Not at all. Within the ranks of the regular

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profession a man may entertain whatever theories of diseases he pleases; and in the treatment of diseases he may employ whatever medicines he pleases; and in the administration of medicines he may give whatever doses he pleases; and still no one will think of denouncing him as an irregular. He may be regarded as eccentric, or unsafe, or ignorant, but not as irregular. Amongst regular physicians there are eccentric, and unsafe and ignorant men. Amongst irregular physicians there are doubtless men who are not eccentric, who are not unsafe and who are not ignorant.

Hahneman, the father of homeopathy, notwithstanding his eccentric doctrines— his doctrine of *similia similibus curantur*—his doctrine of dynamization and infinitessimal doses, and his doctrine of the fundamental pathological importance of psora—lived and died a member of the regular medical profession, and nobody dreamed of turning him out of it. The followers of Hahneman became irregulars when they, of their own free will and accord, cut themselves off from the fellowship and discipline of the profession, and adopted for themselves a distinctive sectarian designation—a patent trade mark.

A little different is the history of the eclectics. They had their origin in the movement started two or three generations ago by Samuel Thompson, who denounced all the learning of the schools, tabooed all mineral medicines, and treated all the ills that flesh is heir to by lobelia, stimulation and steam. Being withal a thrifty man, this mode of treatment he patented, and this patent he peddled industriously through several states, selling the privilege of using it, together with a little book of instructions, for the sum of twenty dollars. A great many doctors were made by this summary process. They were commonly called steamers. A few of them still survive in remote rural neighborhoods, and some of these have been admitted to membership in the Eclectic State Medical Association. These people being engaged in the practice of medicine naturally began to read other medical books besides Thompson's little manual. As

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they read their ideas expanded; some of them began to write books themselves; and finally they assumed the name of botanics, and began to build up medical colleges. They made large use of our indigeneous materia medica, refrained from the employment of mineral remedies generally, and even amongst vegetal remedies denounced all the more powerful as dangerous poisons. The more these botanics taught and studied medicine the more their conception of its powers and resources widened. They began to use the feruginous tonics, and some of the salts of potash; and then they began, surreptitiously at first, to use that class of vegetal remedies which they had before denounced as poisons, such as the various preparations of opium, and the cinchona alkaloids. While this process was going on amongst them they became known as eclectics; and under this new name the same process of growth and appropriation has continued until now. All of their college bred men are in virtual agreement with the regular profession in their theory and practice of medicine, and in their materia medica. The name eclectic, by which they are still known, has degenerated into a trade mark, and even as such is unveracious and misleading. The men engaged in the practice of medicine who apply it to themselves say virtually to the people: We have something to offer you in the treatment of your diseases very different from anything you can get from members of the regular profession. But when they say this they say something that has hardly a shadowy vestige of truth left in it.

Having thus lost everything distinctive in the way of principles and in the way of remedies, in the very nature of things they must cease to exist. As a matter of fact they are dying out. Their colleges are less numerous and less prosperous than before the war, and the number of their practitioners is continually diminishing, at least in Alabama and in the south generally.

In the meantime, however, they remain ethically irregular—are ethically irregular for the very reason they sepa-

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rate themselves from the regular profession by retaining a distinctive designation, and by practicing medicine under a trade mark.

But is this the sort of irregularity contemplated by the law? Evidently not so. Misled, just as the general public is, by imperfect information, the makers of the law were unquestionably under the impression that eclectics and homeopaths pursue systems of practice that are different in some essential way from that pursued by the regular medical profession—different in pathological doctrines, or in the principles controlling the treatment of diseases, or in the remedies employed, or in the manner of their administration.

Since the foregoing argument was written the American Medical Association has taken action in regard to the issue presented by the adoption at its New Orleans session of the following preamble and resolutions:

WHEREAS, Persistent misrepresentations have been and still are being made concerning the provisions of the Code of Ethics of the American Medical Association, which many, even in the ranks of the profession, are led to believe—as, for instance, that the Code excludes persons from professional recognition simply because of difference of opinion on doctrines—therefore

Resolved, First, That Clause I, Article IV, of the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship on the ground of difference in doctrine or belief those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause in the said Code of Ethics that interferes with the most perfect liberty of individual opinion and practice.

Second, That it constitutes voluntary disconnection or withdrawal from the medical profession proper to assume a title indicating to the public an exclusive or sectarian system of practice, or to belong to an association or party antagonistic to the general medical profession.

Third, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultation can not be correctly interpreted as interdicting under any circumstances the rendering of professional services whenever there is pressing or immediate need of them; on the contrary, to meet promptly the emergencies of disease, or accident, and to give a helping hand without unnecessary delay is a duty fully enjoined on every member of the profession, both by the letter and the spirit of the entire Code. But no such emergencies or circumstances can make it necessary or proper to enter into formal professional consulta-

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tions with those who voluntarily have disconnected themselves from the regular medical profession in the manner indicated by the preceding resolution.

INDICTMENT UNDER THE LAW TO REGULATE THE PRACTICE OF MEDICINE.

The two forms of indictment under the law to regulate the practice of medicine herewith presented, were prepared by the Attorney General of the State:

[Form of Indictment under Code, § 1528.]

THE STATE OF ALABAMA, ...County. } .....Court, ...Term, 188..

The grand jury of said county charge that before the finding of this indictment....., who was not proposing to practice any irregular system of medicine, did practice medicine as a profession and means of livelihood, without having obtained a certificate of qualification from some authorized board of medical examiners, against the peace and dignity of the State.

.....
Solicitor.

[Form of Indictment under Code, § 1529.]

THE STATE OF ALABAMA, ...County. } .....Court, ...Term, 188..

The grand jury of said county charge that before the finding of this indictment ....did practice an irregular system of medicine as a profession or means of livelihood in this State without having obtained a diploma or certificate of qualification in anatomy, physiology, chemistry, and the mechanism of labor from an authorized board of medical examiners, against the peace and dignity of the State.

.....
Solicitor.

THE WORK OF THE COUNTY BOARDS OF MEDICAL EXAMINERS.

The Autauga county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Barbour county board reports the examination for the practice of medicine of—

John Philip Martin, M. D., Bellevue Hospital Medical College, 1882. Certificate granted.

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William Alpheus Smart, M. D., Louisville Medical College, 1884. Certificate refused.

On the part of the board these examinations are well done, and we have no fault to find with their decision in either case.

The Bibb county board reports that no examination for the practice of medicine was made in that county for 1884; and none for the study of medicine.

The Blount county board reports the examination for the practice of medicine of—

Milton Homer Cóllins, M. D., Medical Department of the University of Tennessee, 1884. Certificate granted.

This examination does no credit either to the board or to the applicant. The questions are not well chosen; some of them are imperfectly answered; and some of them are not answered at all. Anatomy, surgery, medical jurisprudence, public and private hygiene, and medical ethics are entirely omitted. The papers come up in very bad order. This board, we are sorry to have to say, has never done its duty, or even made a respectable approximation to it, since its organization. It was censured by this Association in 1882, and again in 1884. And now in 1885 it comes up with a very bad showing. In a case of such protracted and persistent inefficiency, what is to be done? Certainly this board must do better. After careful consideration, we beg leave to recommend as follows: (1) That we be authorized to notify the Blount county board of medical examiners that this Association regards with grave disapproval the extremely imperfect way in which it conducts its examinations; and especially its persistent neglect to comply with the rules issued by this Association under the law for the government of the authorized boards of medical examiners in this State; and (2) That we be authorized to notify the Blount county medical society that the Board of Censors of said society have been shamefully and persistently derelict in the discharge of their duties as an authorized board of medical examiners under the law.

The Bullock county board reports that no examination was made in that county in 1884 for the practice of medicine; and none for the study of medicine.

The Butler county board reports the examination for the practice of medicine of—

William E. Roper, M. D., Louisville Hospital Medical College, 1883. Certificate granted.

In this examination the scope and character of the questions might be considerably improved. The answers are far below the proper standard; and the applicant's English is extremely bad. In our judgment the certificate in this case should not have been granted. In the meantime, we do not deem it necessary to recommend that the board shall be submitted to special censure, entertaining as we do the hope that this reminder will make them more careful for the future.

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The Calhoun county board reports the examination for the practice of medicine of—

John McEntire Whiteside, M. D., Vanderbilt University, 1884. Certificate granted.

William Henry Kinabrew, M. D., University of New York City, 1871. Certificate granted.

Charles LaFayette King, M. D., University of Louisville, 1883. Certificate granted.

The scope and character of these examinations on the part of the board is fairly good, but not altogether up to the standard we would like to see obtain, a goodly proportion of the questions being too elementary and altogether not entirely sufficient to test the knowledge of the applicant. The answers by Drs. Whiteside and Kinabrew are fairly good. Dr. King's examination is not at all satisfactory. It is hoped that this board will be more careful in future.

The Chambers county board reports the examination for the practice of medicine of—

C. W. Kirby, M. D., Southern Medical College, Atlanta, 1884. Certificate granted.

J. G. Palmer, M. D., Baltimore College of Physicians and Surgeons, 1884. Certificate granted.

The papers in these two cases were not sent up at all until a few weeks ago, and then in a greatly mutilated shape. It seems indeed, that the larger portion of both examinations has been lost. The fragments received do not warrant the expression of any definite opinion as to the character of the examinations; but seem as far as they go to have been poorly done. It was our unpleasant duty to find fault with this board in our report for 1882, published in Transactions of 1883. Under these circumstances we feel it to be our duty to recommend as follows: That we be authorized to notify the Chambers county board of medical examiners that this Association regards with grave disapproval the extremely imperfect way in which it has conducted these examinations.

The Chilton county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Choctaw county board reports the examination for the practice of medicine of—

F. P. Clark, M. D., Medical College of Alabama, 1884. Certificate granted.

This examination is not up to the standard we desire to see established in Alabama. Many of the questions are too elementary and common place, and the answers are usually too brief. It may be allowed to pass, however, with the hope that the board will be more thorough hereafter.

The Cleburne county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

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The Colbert county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Conecuh county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Coosa county board reports the examination for the practice of medicine of—

Julius Jones, M. D., Vanderbilt University, 1884. Certificate granted.

This examination is defective on the part of the board by the omission of medical jurisprudence, public and private hygiene, and medical ethics. On the part of the candidate it is fairly good.

The Crenshaw county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Dallas county board reports the examination for the practice of medicine of—

James Marion Donald, M. D., Medical College of Alabama, 1884. Certificate granted.

And for the study of medicine the examination of Welford Jackson. Certificate refused.

The scope of the examination for practice is good, and the answers fair. The answers of the applicant in the preliminary examination show that he was not at all prepared to begin the study of medicine, and the certificate was rightly refused.

The Elmore county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Etowah county board reports the examination for the practice of medicine of—

Frank Appling Liddell, M. D., Southern Medical College, Atlanta. Certificate refused.

W. L. Funderberg, M. D., Southern Medical College, Atlanta, 1883. Certificate refused.

The scope of these examinations on the part of the board is fairly good. Both of the candidates were righteously rejected.

The Fayette county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Greene county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

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The Hale county board reports the examination for the practice of medicine of—

William McNeil Wedgeworth, M. D., Baltimore College of Physicians and Surgeons, 1884. Certificate granted.

The scope of this examination on the part of the board is satisfactory. The answers of the candidate are only passable—not up to the high standard we would like to see established in Alabama.

The Henry county board reports the examination for the practice of medicine of—

J. L. Lewis, M. D., Atlanta Medical College, 1884. Certificate granted.

This examination on the part of the board, and also on the part of the candidate, is barely passable; and the papers came up in very bad order. It is to be hoped that this board will be more careful hereafter.

The Jackson county board reports the examination for the practice of medicine of—

James W. Knowlton, M. D., Vanderbilt University, 1883. Certificate granted.

This examination is very brief, and does not include either hygiene or medical ethics. The papers are defective and came up in bad order. It is to be hoped that this board will be more careful hereafter.

The Jefferson county board reports the examination for the practice of medicine of—

John W. Hurt, M. D., Atlanta Medical College, 1884. Certificate refused.

John Thomas Moore, M. D., Vanderbilt University, 1875. Certificate refused.

J. E. Clemens, M. D., University of Louisville, 1881. Certificate refused.

William Elias Brownlee Davis, M. D., Bellevue Hospital Medical College, 1884. Certificate granted.

Benjamin Franklin Jones, M. D., Miami Medical College, 1884. Certificate granted.

E. Pickens Earle, M. D., South Carolina Medical College, 1880. Certificate granted.

LeRoy Fearn, M. D., (colored), Mehary Medical College, 1882. Certificate refused.

Percy Bradfield Lusk, M. D., University of Louisiana, 1884. Certificate granted.

This board has insisted on a higher standard of qualifications than any other in the State, the result of which has been four rejections out of eight examinations. The questions for the written examinations are usually well chosen to test the real knowledge of the applicants, and usually cover all the branches of medicine. For such a record as this this board deserves warm commendation. On the other hand, the papers always come up in bad order; and in this regard it is to be hoped that this board will hereafter do better.

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The Lamar county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Lawrence county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Lee county board reports the examination for the practice of medicine of—

Holman S. Humphrey, M. D., St. Louis Eclectic Medical College, 1881. Certificate granted.

This examination in four branches may be regarded as satisfactory.

The Limestone county board reports the examination for the practice of medicine of—

W. J. Hogan, M. D., Jefferson Medical College, 1884. Certificate granted.

James Abram Hill, M, D., Vanderbilt University, 1884. Certificate granted.

These examinations are fairly good, both on the part of the board and on the part of the candidates. The papers came up in good order.

The Lowndes county board reports the examination for the practice of medicine of—

William Henry Crook, M. D., Medical College of Alabama, 1884. Certificate refused.

Oliver Glenn Bruner, M. D., Medical College of Alabama, 1884. Certificate granted.

The scope and character of the questions are good; but Dr. Crook's examination seems never to have been finished, and does not include medical jurisprudence, chemistry, and public and private hygiene. The papers do not come up in as good order as usually marks the work of this board. The decisions reached in the two cases may be allowed to pass without challenge.

The Macon county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Madison county board reports the examination for the practice of medicine of—

Pierre Lawrence Brouillette, M. D., Medical College of Ohio, 1871. Certificate granted.

The scope of this examination is good. The candidate does himself no special credit, adopts a very flippant tone, and leaves a great many questions without any attempt to answer them. All these should have been counted against him as failures. We do not recommend any formal censure of this board; but in this case it has not come up to the high standard we desire to see established in Alabama.

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The Marengo county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Mobile county board reports the examination for the practice of medicine of—

Claudius H. Mastin, Jr., M. D., University of Pennsylvania, 1884. Certificate granted.

On the part of the board, this examination is defective by the omission of surgery, medical jurisprudence, and medical ethics; and the papers came up in very bad order. We have a right to expect better things of this board. On the part of the candidate the examination is good.

The Monroe county board reports that no examination for the practice of medicine was made in that county in 1884; and for the study of medicine reports the examination of—

Mr. William M. Hestle. Certificate granted.

The Montgomery board reports the examination for the practice of medicine of—

E. W. Bruner, M. D., Miami Medical College, 1867. Certificate granted.

Isaac Beeson Hamilton, M. D., University of Pennsylvania, 1883. Certificate granted.

Abner McGehee Gilchrist, University of the City of New York, 1882. Certificate granted.

James Reid Jordan, M. D., University of Maryland, 1884. Certificate granted.

The first three of these examinations are defective on the part of the board by the omission of medical jurisprudence, public and private hygiene, and medical ethics. In all the examinations, the questions are of different degrees of excellence in different branches--in some very good, in some very imperfect. Dr. Bruner's papers came up in very bad order.

On the part of the candidates, Dr. Hamilton's examination is very good. Dr. Jordan's examination is good. The other two do not come up to the standard we desire to see established in Alabama.

The Morgan county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Perry county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Pickens county board reports the examination for the practice of medicine of—

John Walter McLeod, M. D., University of Louisiana, 1882. Certificate granted.

In this examination, which was made in 1883, but not forwarded until

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1884, the board did its work very badly; and the applicant demonstrates his unfitness to practice medicine. We therefore recommend that we be authorized to notify the Pickens county board of medical examiners that this Association regards with grave disapproval the extremely imperfect way in which it has conducted this examination.

The Pike county board reports the examination for the practice of medicine of—

William F. Wilson, M. D., Augusta Medical College, 1867. Certificate refused.

This examination on the part of the board is not specially good, but may be allowed to pass without challenge. On the part of the candidate it is a failure throughout, and he was righteously rejected.

The Randolph county board reports the examination for the practice of medicine of—

Thomas H. Bonner, M. D., Southern Medical College, Atlanta, 1884. Certificate granted.

On the part of the board this examination covers all the branches; but they are not arranged under separate heads. The questions, as a rule, are too elementary and superficial. The answers are usually correct; but they also are too elementary and superficial.

The Shelby county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The St. Clair county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Sumter county board reports the examination for the practice of medicine of—

Amos Lemuel Vaughn, Louisville Medical College, 1884. Certificate granted.

Samuel Patton Hand, M. D., University of Louisiana, 1884. Certificate granted.

On the part of the Board these examinations, so far as these papers show, have been so conducted as to make them utterly worthless. As to the candidates they may have been well fitted to practice medicine; but the questions given them, so far as the written examination goes, afforded them very scant opportunity to show it.

For examination papers entirely similar to these this board was last year censured by the Association. The papers now under consideration were the results of examinations made just before the Selma session of the Association, and before the passage of the vote of censure. It seems, therefore, to be hardly necessary to pass a formal vote of censure this time.

The Tallapoosa county board reports the examination for the practice of medicine of—

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John William Hooper, M. D., Jefferson medical college, 1884. Certificate granted.

In this examination medical jurisprudence and medical ethics are omitted. For the rest it is creditable both to the board and to the candidate.

The Tuskaloosa county board reports that no examination for the practice of medicine was made in that county in 1884.

The Walker county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

The Wilcox county board reports that no examination for the practice of medicine was made in that county in 1884; and none for the study of medicine.

PART III. THE REPORT OF THE STATE BOARD OF HEALTH.

THE WORK OF THE STATE BOARD OF HEALTH.

The law to establish boards of health in Alabama was enacted in January, 1875. It granted to the State board of health in comprehensive and general terms very considerable powers; but no appropriation of ways and means was made to enable the board to carry these powers into effect. By the terms of the same act county boards of health were to have and to exercise such executive functions as might be agreed upon between such county boards and the legal authorities of the several counties and municipalities. And it placed the county boards under the general supervision and direction of the State board.

In February, 1879, the General Assembly enacted a law making an appropriation of three thousand dollars annually for the uses of the State board of health in carrying into effect the health laws of the State. In the spring of the same year the position of State health officer was created by the State board, a State health officer was elected, and the practical development of our State health system was begun. This work made slow progress for the next two years.

In February, 1881, was enacted the law to provide for the supervision of the public health and for the collection of

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vital statistics in the several counties of the State. This law prescribes in detail the duties of the county boards of health, and of the county health officers. Very specially it makes it obligatory upon every county board of health to engage in the collection of vital and mortuary statistics; and, still further that this work of the county boards shall be done under such regulations as may be from time to time prescribed by the State board of health.

By virtue of the powers granted under these several laws to the State board of health, and by virtue of the corresponding duties devolving on said State board, it has from time to time enacted a considerable code of ordinances and regulations, both in regard to its own work, and in regard to the work of the county boards of health under its jurisdiction. These ordinances and regulations are for the most part to be found in the fourth chapter of the Book of the Rules, edition of 1883. One important ordinance was published in our last volume of Transactions, namely, the ordinance in relation to the public health and the collection of vital statistics. This ordinance has been adopted in the counties of Autauga, Bullock, Butler, Calhoun, Chambers, Conecuh, Dallas, Elmore, Hale, Lowndes, Lamar, Macon, Mobile, Montgomery, Shelby, St. Clair, Sumter, Tallapoosa, Walker, and Wilcox. It may have been adopted in some other counties; but if so we have received no notification of the fact. It should be promptly adopted in all the counties; because, if the county boards of health do not adopt the regulations of this ordinance, or some regulations of similar scope and character, they cannot enforce in their several counties the penalties of the vital statistics law.

We have not failed to appreciate the immense difficulty attending the efficient organization of the county boards of health; and have not thought it expedient, heretofore, to make special mention of their status and work county by county. This year, however, we have concluded to pass all of the county boards under review, taking them in alphabetical order; and this special review of the status and work

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of the county boards of health will constitute a regular feature of our annual reports in the future. We do not now recommend any special censure of those boards that have proved inefficient. The time will doubtless come when it will be our duty to do this, but certainly it is not for the present expedient to do anything of this kind.

EXPENDITURES.

THE STATE BOARD OF HEALTH,

In account with the State of Alabama.

1884.		Dr.
April 1st—To amount on hand	$	1 64
May 1st—To cash from Auditor		300 00
June 1st—To cash from Auditor		400 00
July 1st—To cash from Auditor		350 00
Aug. 1st—To cash from Auditor		200 00
Sept. 1st—To cash from Auditor		200 00
Oct. 1st—To cash from Auditor		200 00
Nov. 1st—To cash from Auditor		200 00
Dec. 1st—To cash from Auditor		200 00
1885.		
Jan. 1st—To cash from Auditor		200 00
Feb. 1st—To cash from Auditor		200 00
Feb. 19th—To cash from Auditor		125 00
Mar. 1st—To cash from Auditor		200 00
April 1st—To cash from Auditor		200 00
To total receipts to April 1st	$	2,976 64

1884.	CREDITS.	Cr.
May 4th—By Health Officer's salary for April	$	150 00
May 4th—By expenses for April, and Clerk hire, Voucher No. 1.		60 50
June 4th—By Health Officer's salary for May		150 00
June 4th—By expenses for May, and Clerk hire, Voucher No. 2.		137 50
July 4th—By Health Officer's salary for June		150 00
July 4th By expenses for June, and Clerk hire, Voucher No. 3.		291 15
Aug. 4th—By Health Officer's salary for July		150 00
Aug. 4th—By expenses for July, Voucher No. 4		89 90
Sept. 4th—By Health Officer's salary for August		150 00
Sept. 4th—By expenses for August, and Clerk hire, Voucher No. 5.		92 50
Oct. 4th—By Health Officer's salary for September		150 00
Oct. 4th—By expenses for September, Voucher No. 6		46 50
Nov. 4th—By expenses and Clerk hire for October, Voucher No. 7		47 15
Nov. 4th—By Health Officer's salary for October		150 00
Dec. 4th—By Health Officer's salary for November		150 00

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Dec. 4th	By expenses and Clerk hire for November, Voucher No. 8	63 15
1885.		
Jan. 4th	By Health Officer's salary for December	150 00
Jan. 4th	By expenses and Clerk hire for December, Voucher No. 9	64 70
Feb. 4th	By Health Officer's salary for January	150 00
Feb. 4th	By expenses and Clerk hire for January, Voucher No. 10	66 30
Mar. 4th	By Health Officer's salary for February	150 00
Mar. 4th	By expenses and Clerk hire for February, Voucher No. 11	162 85
April 4th	By Health Officer's salary for March	150 00
April 4th	By expenses and Clerk hire for March, Voucher No. 12	52 65
	By total credits to April 4th	$ 2,974 85

RECAPITULATION OF EXPENDITURES.

Health Officer's salary from April 1st, 1884, to April 1st, 1885	$ 1,800 00
Clerk hire for same time	465 00
Printing for same time	435 05
Health Officer's travelling expenses, postage, and miscellaneous	274 80
Total	$ 2,974 85

GENERAL RECAPITULATION.

To total receipts from April 1st, 1884, to April 1st, 1885	$ 2,976 64
By total expenditures	2,974 85
To balance on hand	$ 1 79

THE WORK OF THE COUNTY BOARDS OF HEALTH.

The number of county medical societies holding charters from the State Association is now (1884) forty-seven; and inasmuch as every one of the county medical societies is also a county board of health, the number of county boards of health under the jurisdiction of the State Board of health is also forty-seven. Of course it is understood that other county boards will be organized from time to time until all the counties in the State are included in one common system. (Three more have been added to the list since this was written, making the number for 1885 even fifty.)

Autauga.—The board of this county began work four years ago, with Dr. S. P. Smith, of Prattville, as county health officer. It increases very slowly in efficiency. The health officer receives no salary. For the collection of vital statistics, the county is divided into districts that do not correspond with the beats. There were local considerations which led to the belief that the plan adopted was better than the beat plan. But no ad-

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vantage has been derived from this unusual arrangement; and as uniformity is always desirable, it is to be hoped that Autauga will follow the example of all the other counties, and adopt the beat plan. The statistics reported for Prattville are believed to be entirely accurate and complete. Those for the rest of the county are very defective. The monthly reports have been made with a tolerable approximation to regularity, and the annual reports have been made in good shape.

Barbour.—The Barbour county board has been engaged in the collection of vital statistics for four years. In 1881 the board of revenue of the county fixed the salary of the county health officer at one thousand dollars a year—a sum very much in excess of just compensation for the work to be done; but in spite of this abundant pay the statistical returns were never at all complete. The health officer's salary was subsequently reduced to five hundred dollars a year. In this county the work has not prospered, simply because of the want of interest and energy on the part of the doctors. They are numerous and well scattered over the county, and they ought to do better. The monthly reports have been sent in irregularly; and whenever this is the case, the work always drags miserably.

Bibb.—The Bibb county board has always been a weak one—the doctors in the county being few in number and much scattered. Still the work ought to be much better done than it is. The reports are sent in about once a quarter—a sure indication of failure—and are always defective.

Blount.—The Blount county board, or rather the Blount county health officer, Dr. John H. Willoughby, has been at work about four years. He has never had any pay for his work. In the mean time his returns of births and deaths have been for the most part regularly rendered, and are among the fullest and completest that come to the State Health Office. It is to be hoped that the board of revenue of Blount county will see the propriety of paying Dr. Willoughby such salary as his faithful work merits.

Bullock.—The Bullock county board has been at work for some four years. It is one of the most efficient boards in the State. The monthly reports come in regularly in good shape and always on time. The returns of births and deaths, while not entirely complete, are improving all the time; and the prospect is that complete success will soon reward the efforts of the efficient county health officer, Dr. C. H. Franklin. The beat system is under full headway in this county; every beat assistant is furnished with a beat register, and most of them seem to take pride in having them always complete and posted up to date. The salary of the county health officer is three hundred dollars a year. At first it was one hundred and fifty dollars a year. But the work has been so well done that the county commissioners have seen fit to double this amount.

Butler.—The board in this county has been at work for four years with very varying success. In the first year an appropriation of three hundred dollars was made for the use of the board; but during the last two years the

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health officer has worked with little hope of pay. The county commissioners have, however, recently voted him seventy-five dollars for last year's work. The present county health officer, Dr. Job Thigpen, deserves special credit for the large degree of success he has achieved under very discouraging circumstances. He has brought his county up among the foremost. His reports are made with commendable promptness and in good shape. He has some trouble still in a few of the beats; but doubtless the same devotion to his work that has already done so much will avail to remove the obstacles that still stand in the way of complete returns.

Calhoun.—The Calhoun board has been in operation for four years, during all of which time Dr. J. Y. Nisbet has been county health officer. In this county the work has grown constantly better; and the monthly and annual reports are always promptly rendered and in good shape. These reports embrace five different sets—one for the county outside of the towns, and one for each of the towns of Jacksonville, Anniston, Oxford and Cross Plains—and are among the best received at the State Health Office. The county health officer's salary is one hundred dollars a year.

Chambers.—The Chambers county board began work in 1882. For the first two years but little progress was made. In 1884 there was a decided improvement in the reports, and if the present county health officer does not lose interest in the work it ought in another year to present a very satisfactory condition. Chambers is one of the very few counties in the State in which the population of blacks and mulattoes is separately given. On this account the statistics of this county, as furnishing data, even in a small way, to determine the relative birth rates and death rates of the three race elements in our population, promise to be of special value.

Chilton.—The Chilton county board has never been efficient. During a few months in 1884 very good reports were sent in; but they suddenly grew less satisfactory; and none at all have been received since October.

Choctaw.—The Choctaw board, with Dr. Matthew Turner as county health officer, made a fairly good beginning in 1882, but has sadly declined in efficiency during the last two years. The reports do not come in regularly, and are growing more and more defective. This ought not to be. It is perfectly possible to do good work in this county. The county health officer receives no pay.

Cleburne.—The Cleburne board began work in July last, since which time the reports have been regularly received; and while they are not at all complete they are perhaps as good as could be expected for a beginning.

Colbert.—The board in Colbert county has never been a success; and during the last two years it has made no reports at all. There is no reason except very culpable negligence why this county should not do good work.

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Conecuh.—The Conecuh board has been at work for four years, during all of which time Dr. A. A. McKittrick has been county health officer. He has proved to be the right man in the right place. He insists that he gets returns of virtually all the births and deaths that occur in the county, and his claims in this regard are sustained by the profession and the people of the county. If his death rate is correct Conecuh is an exceptionally healthy county. The salary is one hundred and fifty dollars a year.

Coosa.—This board went to work three years ago with commendable energy, with Dr. J. J. Hunter as county health officer. About a year ago Dr. Hunter removed from the county, and since then no reports have been received. It is a county in which good work ought to be done, but the present outlook is not at all encouraging.

Crenshaw.—The Crenshaw board organized in 1882, and made imperfect reports for about a year and a half. No appropriation was made to pay the county health officer, and the attempt to collect statistics collapsed. Another effort is to be made in 1885, which it is to be hoped will turn out better.

Dallas.—The Dallas board has been at work for four years. In this county the collection of vital statistics seems to be attended with great difficulty, part of which difficulty is due to the fact that an immense majority of the population belongs to the colored race. In several beats there are no resident physicians. Outside of Selma, for the reasons indicated, the efforts of the board have been rewarded with only very moderate success. In Selma the deaths are doubtless all returned, and most but not all of the births. An examination, indeed, of the birth rates would seem to indicate very clearly that, even in Selma, a good many of the black births and some of the white births have not been reported; while in the country neighborhoods a majority of both births and deaths seem to have escaped record. The returns for 1884 are less satisfactory than those for 1882 and 1883.

Elmore.—The Elmore county board commenced work in July last. The returns are very defective, and the monthly reports have not been as promptly rendered as could have been wished, nor in as good shape. We can only hope that the result for the current year will show some improvement. No salary has as yet been voted the county health officer.

Fayette.—The Fayette county board was organized last year, and went to work in July. They have done fairly well for a beginning.

Greene.—The Greene county board made imperfect reports for 1881, 188 and 1883. In 1884 they ceased to make reports at all. They had some difficulty with the county commissioners, and have ceased to attempt the administration of the health laws. This is much to be regretted; and for this state of affairs there is no real necessity. There are a large number of physicians in the county, and all of them are members of the county medi-

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cal society. Success here, therefore, would seem to be easier of accomplishment than in many other counties.

Hale.—The Hale county board has been at work for about four years. During the first three of these the results were not encouraging; but the results for 1884 show a very marked improvement; and the prospect now is that this improvement will be steadily continued. Dr. W. C. Avery, the county health officer, is now working hard to bring his county to the front; and the probability is that he will succeed.

Henry.—The Henry county board was organized in 1883. As yet they have accomplished nothing. They have, however, gone to work with new energy; and will probably make a reputable showing for 1885.

Jackson.—The Jackson county board was organized in 1882, and has always given a good account of itself. Dr. J. P. Rorex is the county health officer. His reports come in regularly and in good shape.

Jefferson.—The Jefferson county board has been at work for four years, and the results accomplished show steady improvement. It has been very difficult to work up some of the more remote beats, but we are satisfied that these difficulties will be overcome. The return of deaths from the city of Birmingham is probably complete; the return of births is defective. Dr. J. J. Winn is the county health officer.

Lamar.—The Lamar county board was organized a year ago. For 1884 it has made no reports; but will go to work to do something in 1885.

Lawrence.—The Lawrence county board was organized four years ago. It has made some effort to collect vital statistics, but heretofore with poor success. A new county health officer—Dr. F. S. McMahon—has been recently elected, and the prospect seems now to be good for efficient work.

Lee.—The Lee county board has never been a success; and for the last year and a half has made no reports at all. Recently a new health officer—Dr. A. B. Bennett—has been elected, and it is hoped that fairly good work will be done this year.

Limestone.—The Limestone county board has been at work four years, and has always been amongst the most efficient in the State. Dr. John R. Hoffman is the county health officer. His salary is one hundred and fifty dollars a year. There is but one fault to be found with him, namely, he does not make regular monthly reports to the State board, as the rules require.

Lowndes.—The Lowndes county board has been at work for four years, and has always stood in the front rank. In this county the beat system is well organized, and the beat officers all keep bound registers. Dr. John A. Pritchett was county health officer for three years, and the good organization of the county is largely due to his efforts. He has been succeeded by Dr. Shirley Bragg, who promises to maintain the high standard of his prede-

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cessor. The health officer's salary was at first one hundred and fifty dollars a year; it was then raised to three hundred; and is now six hundred dollars.

Macon.—The Macon county board was organized four years ago; but has been a failure from the beginning.

Madison.—The Madison county board has been at work for four years. It has always reported to the State board; and usually the reports come in promptly and in good shape. The statistics of this board, however, have always been defective. Nevertheless it is one of the counties from which we would expect to get full returns. It contains a large number of intelligent physicians, well distributed through the county, and these, if they would only take hold with the proper spirit, would speedily solve the problem. The county health officer is Dr. M. C. Baldridge.

Marengo.—The Marengo board was organized in 1881. It has always made reports, but with a good deal of irregularity; and the reports, except those for Demopolis, have always been very defective. Here is another county in which it would seem that the administration of the health laws ought to be a success—a county with intelligent physicians in almost every neighborhood—and yet the work here drags terribly. Formerly the health officer was paid three hundred dollars a year. Now there is no appropriation for this purpose.

Mobile—The Mobile county board has made one or two spasmodic efforts to collect statistics in Mobile county, but have accomplished very little—virtually nothing. The county commissioners make no regular appropriations to pay the county health officer, and that position has now been vacant for several months. In the meantime even the statistics of the city of Mobile have not been forwarded to the State health office. It is very much to be regretted that things are so mismanaged in the most populous county in the State.

Monroe.—The Monroe county board has been at work for four years. The reports have always been very defective. During the past year, with Dr. W. W. McMillan as county health officer, there has been a notable improvement. The reports have come in regularly, and in good shape. Notwithstanding the great difficulties in the way of complete success in this county the outlook now is promising.

Montgomery.—This board has been at work for four years; but has had very little success outside of the city of Montgomery. The failure of the work in this county is a remarkable fact. Until recently the board of revenue have appropriated annually the sum of five hundred dollars to pay the county health officer—an ample salary to have secured good work. We believe that no appropriation has been made for the current year, the commissioners complaining, and complaining justly, that they have not received a quid pro quo for the expenditure.

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Morgan.—The Morgan county board commenced work four years ago. The monthly reports have always been made regularly, and while not at all complete, except for the town of Decatur, have been fairly passable. Dr. B. F. Cross is the county health officer, with a salary of 300 dollars a year. The prospect now is that there will be a considerable improvement in the returns of this board for the current year.

Perry.—The Perry county board has not succeeded well, and for several months has not made any reports. A new health officer has been elected, and has gone earnestly to work, and we hope for more favorable results in the future.

Pickens.—The Pickens county board have been nominally at work for four years ; but its reports have always been defective ; and we can see no prospect of improvement.

Pike.—The Pike county board was organized four years ago. Their reports have always been made regularly; but have been only moderately good. The health officer's salary has been from the beginning five hundred dollars a year--quite sufficient to have warranted the expectation of thorough work. No appropriation has been made for 1885, but the work will still go on.

Randolph.--No reports have ever been received from the Randolph county board.

Shelby.—The Shelby county board was organized four years ago, but made no reports of any value until 1884. The prospect now is fair for at least tolerable success.

St. Clair.—The St. Clair county board has been at work for four years. Their reports have always been sent in regularly. During the past year they have greatly improved, and promise to be still better for the present year.

Sumter.—The Sumter county board have been at work for four years. Their reports always come in regularly and in good shape; and are among the best received at the State Health office. Dr. R. D. Webb is the efficient county health officer. His pay is one hundred dollars a year.

Tallapoosa.—In this county the work has been going on for four years, during all of which time Dr. J. A. Goggans has been county health officer. For the first two years the reports were good. During the last two years, and especially during the year 1884, they have grown to be more and more defective, and have come in very irregularly. It is hoped that this county will come to the front again. The health officer's salary is one hundred dollars a year.

Tuskaloosa.—The board in this county has never done any good until recently. They have recently elected Dr. Wm. A. Cochrane county health

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officer, and he promises to be very efficient. As yet he has not been voted any salary by the county commissioners.

Walker.—This board has been sending in reports for three years. They have always been defective, and are so still, although during the year just past there has been considerable improvement.

Wilcox.—This county has been sending in reports for four years; but they have always been extremely defective, and do not improve.

PART IV. THE REPORTS OF THE STATE HEALTH OFFICER.

THE CONFERENCE OF STATE BOARDS OF HEALTH IN WASHINGTON IN MAY, 1884.

In obedience to the instructions of the board, I attended, on the 7th and 8th days of May, 1884, in the city of Washington, the meeting of representatives of State boards of health, which was called to devise some plan to secure co-operation and concert of action between the health authorities of the several States. Several plans were presented looking to some sort of organic union between the representatives of the State boards and the American Public Health Association. Myself and a few other delegates opposed all of these plans, and it was finally resolved to form a separate organization, to be composed exclusively of delegates from State boards of health. As the object of this organization is simply to bring together State officials for consultation, with the desire of establishing amongst them harmony of action and mutual help in the administration of sanitary laws, it was not believed to be necessary to adopt any written constitution. The organization was accordingly effected by the election of a President and of a Secretary. The Honorable Erastus Brooks, of the New York State Board of Health, was selected for President, and Dr. J. N. McCormack, of the Kentucky State Board of Health, was chosen Secretary. The Conference adjourned to convene again in Washington in the following August. For satisfactory reasons, the convention was not held at that time; and the second session of the Conference was called for the 13th day of October, 1884, the day preceding the meeting of the American Medical Association, St. Louis being the place of meeting. Sessions were also held on the 14th and 15th days of October. It is not, perhaps, necessary to give here any full account of the business done at the Conference. Papers were read by Dr. John H. Rauch, of Illinois; Dr. Charles Smart, of the United States Army; and Dr. Chancellor, of Maryland. These papers provoked a lively discussion, and a committee was appointed to prepare a plan looking to the prevention of cholera in this country. Of this committee Dr. Baker, of Michigan, was chairman. The plan recommended was substantially the plan that had been previously recommended by the National Board of Health, and is here given *in extenso.*

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REPORT ON THE PREVENTION OF EPIDEMIC CHOLERA IN AMERICA, ADOPTED BY THE AMERICAN PUBLIC HEALTH ASSOCIATION AND CONFERENCE OF STATE BOARDS OF HEALTH.

To the Conference of State Boards of Health:

Mr. President and Members:—Your committee, to whom was referred papers relating to the practical work required for the prevention of epidemic cholera in this country, respectfully report as follows:

ORIGIN AND DISSEMINATION.

There are three essential factors to the prevalence of cholera in this country as an epidemic—(1) the importation of the disease by means of ships more or less directly from its only place of origin in India; (2) local unsanitary conditions favorable to the reception and development of the disease; (3) persons sick with the disease in some of its stages, or things infected by such sick persons, to carry it from place to place. These three factors naturally suggest the methods of combating the disease, for which there is needed practical work—international, national, and inter-State, State, and local. So far as relates to State and local boards of health, their organization and activities are greater than ever before; but it must be admitted, that after cholera has been introduced into a country, inland quarantines are not easily and successfully maintained, although efforts in this direction are then advisable.

In view of the threatened introduction of cholera into this country during the incoming year, and the consequent immense waste of life and property values through derangements of commerce, trade, and productive industries, it is the sense of this conference that the general government should maintain such a national health service as shall, by rigid inspection at the port of embarkation, question the freedom from disease and infection of all persons and things from infected districts, and shall secure the surveillance of such persons and things while on shipboard, and, when necessary, detention at quarantine stations on this side for treatment and disinfection.

OFFICIAL INSPECTION.

In view of the present threatening aspect of Asiatic cholera, and the constant danger from other communicable diseases occurring at foreign ports having commercial relations with the United States, we urge upon Congress to provide for the appointment and maintenance at all such foreign ports where cholera, yellow fever, plague, small-pox, or scarlet fever exists, or are liable to exist, of medical officers of health, the same being either accredited consuls, or attached to the consulates. The duties of these officers shall be to give notice, by telegraph when practicable, of the existence or appearance of any of the above named diseases to some constituted authority in this country; to give notice of the departure of any vessel known or suspected to be infected for any port in the United States; and, whenever requested by the master of any vessel about to load or leave for this country, to inspect thoroughly such vessel in all her parts, and also

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her cargo, her crew and passengers, to use such cleansing and disinfection as he may deem necessary, and to satisfy himself that all persons about to sail are free from dangerous communicable diseases, are not recently from infected places, and are properly protected from small-pox, giving to her commander a certificate of the inspection, and of all precautionary measures taken. And it shall be the duty of the central authority in this country promptly to transmit intelligence of the existence of the above mentioned diseases at foreign ports and places, and of the departure of dangerous vessels for the United States and Canada, to all State and local health authorities in the country which may be interested in the same.

We further recommend, in case of those foreign ports which have no consular agents of this country or no telegraphic communication with this country, and which are liable to transmit pestilence through commercial intercourse, that one or more medical officers be chosen to visit such ports as often as may be deemed necessary by the central health authority in this country, so as to give trustworthy information of the health and sanitary condition of those places.

CANADIAN HEALTH ALLIANCE.

Inasmuch as the Dominion of Canada is equally interested with the United States in protecting itself and the United States from the importation of dangerous diseases, we suggest th t Congress take such measures as will bring about concerted action with the Dominion and the British government, by which the consuls of this country or of England at foreign ports shall examine and take such action as they may deem effective, and notify the authorities of such government as has authority over any port to which any ship may sail in the United States or Canada, in order that such government may be in a position to take effective measures against the importation of these diseases.

We are gratified that the authorities of the Dominion of Canada and of the Province of Ontario have taken active steps toward protecting the people of Canada, and indirectly those of the United States, by the adoption of extensive quarantine regulations. We feel, however, that with respect to those regulations regarding the landing of passengers from the mail steamers along the St. Lawrence, etc., further special regulations for the thorough disinfection of the baggage and effects of all the passengers, cabin or steerage, as come from infected ports or places, should be carried out in a manner similar to that recommended by the National Board of Health. Believing that the importation of cholera into this country has usually attended the presence of immigrants from infected countries, we therefore recommend that all such immigrants be prevented from landing at our ports until such time as the danger of the introduction of cholera by them shall have passed.

The inspection and quarantine service inaugurated by the National Board of Health, and set forth in the paper by Dr. Smart before this conference, but which system is now inoperative for want of an appropriation

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by Congress, meets with our cordial approval. To enable these protective measures to be carried out, we recommend that Congress be urged in the strongest terms to legislate on this subject at an early date in its coming session, and to appropriate such funds as may be needful. The expenses incident to the work which has to be performed at foreign ports, and the establishment of refuge stations at points on our own coast for the detention and treatment of infected vessels arriving from foreign ports, should undoubtedly be borne by the national government, and not by individual states or municipalities; for the benefits accruing therefrom are general, and not restricted to localities, although some ports and cities on the coast may have a more immediate interest in the matter than others in the interior. It is probable, however, that this national protective work may not be sufficient.

LOCAL SAFEGUARDS.

It will undoubtedly delay and lessen the chances of invasion, but it may not prevent invasion. The poison of the disease is subtle, and may effect an entrance into the country at some unguarded point. The funds necessary to the stamping out of the disease in a particular locality, and to the prevention of its spread to other localities, might in some instances be borne by the municipality or State affected; but should the disease occur in a locality which has failed or is unable to make provision for the occurrence, its spread to other cities and states would be imminent. The want of means at the infected point would be disastrous to many others. Congress has recognized the necessity for aid to State and local boards of health under similar conditions in the case of yellow fever. In 1879 the sum of $500,000 was appropriated and placed at the disposal of the National Board of Health; and the records show that of this sum $160,000 was employed in combating the epidemic of that year. We therefore recommend that the influence of this conference be used with the view of having appropriated by the national legislature the sum of $500,000, to be used, or as much thereof as may be needful, in case of a cholera invasion, in stamping out the disease from the infected localities, and in preventing its spread from State to State.

The removal of local unsanitary conditions favorable to the development of cholera is the special work of State and local boards of health. Much has been done already in some States, but much remains which should receive immediate attention. Where it can be done, State sanitary inspectors should be appointed to visit all towns and cities specially liable to the disease, to counsel with the local authorities as to the best methods of prevention. This work should be vigorously prosecuted before the disease reaches our shores.

ADVICE TO CITIZENS.

The cause of cholera is contained in the discharges from persons affected by the disease, or in things infected by such discharges. Should the dis-

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case reach our shores, the first case, and after this the first case which reaches any given community, should be strictly isolated. All infective material from these and from any subsequent cases should be destroyed in such manner as to stamp out the disease. Intelligent sanitary precautions beforehand, and scientific disinfection and treatment in the presence of the disease, should take the place of the necessary cruelties of a panic. In case any city or town is infected, the same principles of isolation should in general be applied to the city as to the infected individual. Intercourse with other cities and places should be under sanitary supervision, substantially as set forth in the rules and regulations of the National Board of Health respecting the inspection of travelers, disinfection of effects, vehicles, etc.

Health officers and inspectors appointed by State or provincial boards of health should, in addition to other sanitary work, see that the localities have set apart, erected, or planned to be so set apart or erected, structures which shall possess the sanitary requirements of an isolation hospital. But as regards all necessary work by local boards of health, most State and provincial boards of health have printed and issued documents which give ample instruction.

Your committee recommend that when this conference adjourns it be to meet in Washington, D. C., the second Wednesday in December next, and that the secretary of this conference be directed to invite the attendance at that time of the quarantine officers and the health officers of the principal cities in the United States and Canada; and that all delegates to that meeting be prepared to report the sanitary status of their State or locality, and what steps have been taken to improve the same, and to prevent the introduction of disease.

All of which is respectfully submitted.

HENRY B. BAKER,
Secretary State Board of Health of Michigan,

H. P. WALCOTT,
Chairman Health Department of Massachusetts,

S. S. HERRICK,
Secretary State Board of Health of Louisiana,

PETER H. BRYCE,
Secretary Provincial Board of Health, Ontario, Canada,

JOHN H. RAUCH,
Secretary State Board of Health of Illinois,

Committee.

Adopted by the Conference of State Boards of Health at St. Louis, Missouri, October 14, 1884.

ERASTUS BROOKS,
President of the Conference of the State Boards of Health.

J. N. MCCORMACK,
Secretary of the Conference of the State Boards of Health.

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Adopted by the American Public Health Association at St. Louis, Missouri, October 15, 1884.

ALBERT L. GIHON,
President American Public Health Association.

IRVING A. WATSON,
Secretary American Public Health Association.

Another meeting of the conference was held in Washington, D. C., beginning on the 10th of December, 1884.

Without going into details it is sufficient to state that the conference recommended as a basis for municipal action the following definite measures:

(1) The abolition of pump wells in cities.

(2) The abolition of privy vaults wherever sewer connections can be made.

(3) The filling and disinfection of stagnant pools.

(4) The supervision of sewers and plumbing.

(5) The inspection of tenement houses.

(6) The inspection of food supply, especially of milk, meat and vegetables.

(7) The removal of garbage and kitchen refuse.

(8) Garbage not to be used in filling vacant lots.

(9) The attention of all public institutions to be directed to the importance of cleanliness.

(10) The taking of all possible measures for the prevention of cholera, and the giving of prompt notice of local outbreaks.

The conference also recommended to the favorable notice of Congress the passage of a bill to reorganize the National Board of Health—said bill being as follows:

A BILL

To amend an act entitled "An act to prevent the introduction of contagious and infectious diseases into the United States, and to establish a National Board of Health."

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That an act entitled "an act to prevent the introduction of contagious and infectious diseases into the United States and to establish a National Board of Health," approved March 3, 1879, be so amended as to provide that there shall be established a National Board of Health, to consist of one member from each State Board of Health now established, or which may be hereafter established in the United States, to be appointed by the President and confirmed by the Senate, whose compensation when actually engaged in the performance of duty under this act, shall be ten dollars per diem each, and reasonable expenses. This board shall meet in Washington within ninety days after the passage of this act, and shall meet in Washington annually, and in case of emergency upon the call of its chairman and secretary, or upon the extraordinary call of the President of the United States, as hereinafter provided. The officers of

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this board shall be a chairman and a secretary. The secretary shall be the executive officer of and ex-officio a member of the board, and shall devote his entire time to the duties of the office, and may be removed for cause, at any regular meeting of the board, two-thirds of the full board voting therefor, and shall receive such salary as may be determined by the board. The chairman, with six other members, representing the various geographical divisions of the country, shall constitute the executive committee of the board, to be elected at the first meeting of the board, and at each annual meeting thereafter, and said committee shall, and is hereby authorized to exercise such powers as may from time to time be conferred upon it by the board.

SEC. 2. The duties of this board shall be, and it is hereby authorized and given power to make or cause to be made, such investigations at any place in the United States, or at any foreign port or place, and to collect information upon all matters relating to the public health, and to frame such rules and regulations as may be necessary for the government of the quarantine service of the United States, and all the power and authority now provided by law, or which may be provided by law, for the control and protection of the public health of the United States, shall be and are hereby vested in said board, except as to the special authority vested in the President of the United States under the provisions of this act. The rules and regulations of this board shall severally be executed under the direction of this board, by such department of the Government, or other officers, as the law may prescribe or the President may designate. This board shall co-operate with, and so far as it lawfully may, shall aid State and local boards of health in the enforcement of the rules and regulations of such boards, to prevent the introduction of contagious and infectious diseases from foreign countries into the United States, and into one State from another.

SEC. 3. It shall be the duty of this board to make such rules and regulations as are necessary to be observed by vessels at ports of departure, where such vessels sail from any foreign port or place to any port or place in the United States to secure the best sanitary condition of such vessel, her cargo, passengers and crew, and to prepare from time to time for the consular officers of the United States, and for the medical officers serving under this act at any foreign port, and otherwise make publicly known such rules and regulations, which, when approved by the President and issued by the department of the State, and posted in the office of the consul or other representative of the United States at such foreign ports for at least ten days, shall be enforced by the consular officers and agents of the United States.

SEC. 4. It shall be unlawful for any vessel from any foreign port or place to enter any port of the United States, except in accordance with the rules and regulations made in pursuance of this act, and of the rules and regulations made under State or municipal authority, and any such vessel which shall attempt to enter any port of the United States in violation thereof, shall be liable to process in the proper district court of the United States, and upon conviction, shall forfeit to the United States a sum to be awarded in the discretion of the court, not exceeding $1,000, which shall be a lien

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upon such vessel, to be recovered upon proceeding in the proper district court of the United States, in accordance with the rules and laws governing cases of seizure of vessels for violation of the revenue laws; and in all such cases the United States attorney for such district shall appear on behalf of the United States; and all such vessels shall obtain from the consular or authorized medical officer at the port of departure, a certificate in duplicate, setting forth the sanitary history of said vessel, and that it has in all respects complied with the rules and regulations of this board, made in pursuance of this act for the government of such vessels; and before granting such certificate, such consular or medical officer is required to be satisfied that the statements therein made are true; and upon the request of this board, the President of the United States is hereby authorized to appoint proper medical officers, to serve in the offices of the consuls at any such foreign ports, to make the inspections and give the certificates herein required.

SEC. 5. Such vessels shall observe all rules and regulations made by this board in pursuance of this act, in regard to the inspection, disinfection and isolation of the same, upon its arrival at any port in the United States, and for the treatment of persons and cargo on board, so as to prevent the introduction of contagious diseases into the United States, and it shall be unlawful for any vessel to enter such port, to land its passengers or discharge its cargo except upon a certificate from the health officer of such port, that such rules and regulations have in all respects been complied with.

SEC. 6. In the event of any sudden emergency, threatening the importation of contagious or infectious diseases into the United States from any foreign country, the President of the United States is hereby authorized and required, in his discretion, to adopt and make known forthwith by public proclamation, such measures as may meet the emergency, either by suspending the introduction into the United States by land or sea, of any specified merchandise calculated to be a vehicle for the communication of contagion, or by prohibiting the entry into the ports of the United States of vessels coming from infected countries, or having contagious or infectious diseases on board. And in case the president shall at any time exercise the authority hereby conferred upon him, he shall, at or before the time of issuing such proclamation aforesaid, convene the National Board of Health, to meet at Washington in special session within ten days from the date of such notice of convention, and the said board shall thereupon advise such measures as it may deem sufficient to meet the emergency; and upon the taking effect of such measures, with the approval of the President of the United States as herein provided, the president's proclamation aforesaid shall cease to have effect. It shall be the duty of this board at all times to give prompt attention to any question in sanitary science which may be submitted to it by the president.

SEC. 7. It shall be the duty of the Department of State to obtain from the consular officers at foreign ports or places, all available information in regard to the sanitary condition of such ports and places, and to transmit the same to this board; and it shall be the duty of this board to obtain

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from the State and municipal health authorities throughout the United States, and from all other available sources, weekly reports of the sanitary condition of ports and places within the United States, and reports and other matters relating to climate and other conditions affecting the public health; and it shall prepare, publish and transmit to State and other authorities, and other proper persons, weekly abstracts of such reports, consular reports, and other useful information relating to the public health; and it shall make to the President, for transmission to Congress, an annual report of its transactions, with such recommendations as it may deem important to the public health; and the necessary printing of the board shall be done at the Government Printing Office, upon the requisition of the secretary of such board, in the same manner and subject to the same provisions as other public printing for the several Departments of the Government.

SEC. 8. The President of the United States is authorized, when requested by this board, and when the same can be done without prejudice to the public service, to detail officers from the several Departments of the Government, for temporary duty, to act under the direction of this board in carrying out the provisions of this act, and such officers shall receive no additional compensation, except for actual and necessary expenses incurred in the performance of such duties.

SEC. 9. To meet the expenses incurred in carrying out the provisions of this act, the sum of $500,000, or so much thereof as may be necessary, is hereby appropriated, to be discharged under the directions of the board; and the board shall have authority to appoint such disbursing agents as it deems necessary, who shall give bond as in other cases, for the faithful performance of their duties.

SEC. 10. All acts and parts of acts in conflict with any of the provisions of this act shall be, and are hereby, repealed.

THE QUARANTINE CONFERENCE IN NEW ORLEANS IN JUNE, 1884.

In a circular letter issued on the 12th of May, 1884, a conference of the health authorities of the Gulf States was called by the Louisiana State Board of Health to meet in New Orleans on the 2d day of June, the announced object of said conference being to establish harmonious relations between the boards of health of said States, and to devise and recommend improvements in the systems of quarantine in use along the gulf coast.

Dr. George A. Ketchum, and Dr. Jerome Cochran were appointed by the President of the Alabama State Board of Health delegates to represent said board in the conference; and Dr. T. S. Scales was appointed to represent the Mobile Board of Health.

At the appointed time the conference met and continued in session for three days. Besides the Alabama and Louisiana delegates representatives were present from Florida, Mississippi, Texas and Tennessee—six States, with an aggregate of forty-one (41) delegates. By invitation the following named gentlemen attended the conference: Col. Glenn, United States

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Inspector of Public Buildings; Dr. John Godfrey, United States Marine Hospital Service; and Dr. S. M. Bemiss, National Board of Health.

Dr. Wirt Johnson, Secretary of the Mississippi State Board of Health, was elected president; and Dr. C. C. Fite, Secretary of the Tennessee State Board of Health, was elected secretary of the conference.

An address of welcome was delivered by Dr. Salomon of the Louisiana State Board; after which, on motion of Dr. Scales, a committee of one from each State was appointed to draw up an order of business.

The chair appointed Dr. Ketchum, of Alabama; Dr. Thornton, of Tennessee; Dr. Oliphant, of Louisiana; Dr. Fordham, of Florida; Dr. Sale, of Mississippi.

After a recess of fifteen minutes the committee on the order of business made the following report:

Your committee appointed to prepare an order of business and discussion, beg leave to report the following subjects and questions for discussion in the following order :

MARITIME QUARANTINE.

1. Can an effective quarantine be enforced along the Gulf coast?
2. Best methods of co-operation between the States of the Gulf in effecting this object.
3. The most efficient quarantine, with the least injury to commerce.
4. Non-intercourse—under what circumstances justified.
5. Period of quarantine detention.
6. The proper disposal of non-infected vessels under quarantine.
7. Treatment of vessels and cargoes, crew and passengers, with a view to disinfection.
8. The advisability of petitioning Congress to require consular agents of the United States, residing at inter-tropical ports, habitually or periodically infected with yellow fever, to cause all ships in such ports bound for the United States to be thoroughly inspected and cleansed before receiving cargo or sailing when in ballast, and a certificate furnished to that effect.

INTER-STATE AND LOCAL QUARANTINE.

1. The necessity of prompt interchange between State and municipal Boards of Health of information on all subjects relating to public health.
2. The suggestion that this Conference would make as to the best methods of preventing the spread of infectious diseases from one State to another.
3. The best methods of treatment by Boards of Health in infected localities for confining disease and preventing its spread.

MUNICIPAL SANITATION.

Under this last head the Committee suggested no special topics for discussion.

It is not necessary in this report to give a detailed account of the discus-

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sions on these various questions which took place in the Conference. The proceedings in extenso have been published and widely distributed, so that I content myself with a resume of the conclusions reached by the Conference. These are contained in three several reports submitted by the committee, as follows:

NOTIFICATION OF THE APPEARANCE OF EARLY CASES.

Be it resolved, That each and every health organization represented in this Convention pledges itself to promptly furnish to each other all information in regard to the appearance of cholera and yellow fever, or suspicious cases of yellow fever.

We recommend that for the purpose indicated in the above resolution, the following groups of symptoms shall be considered to indicate yellow fever and suspicious cases:

I. The following groups of symptoms shall be considered to indicate yellow fever:

Group 1.—A person after a sudden attack has a fever of one paroxysm, attended with marked congestion or blood stasis of capillaries of surface, conjunctivæ and gums, with a history of probable exposure to infection, and no history of a previous attack of yellow fever.

Group 2.—A person after a sudden attack has a fever of one paroxysm, followed by unusual prostration, albuminous urine, yellowness of conjunctivæ or skin, and having no positively authenticated history of previous attack of yellow fever.

Group 3.—A person has a fever of one paroxysm, albuminous urine, black vomit, suppression of urine, general hemorrhagic tendency under circumstances where exposure to infection is a possibility.

II. *Suspicious cases of yellow fever.*—The following symptoms associated with a fever of one paroxysm in a patient who has apparently been exposed to infection, and has never had yellow fever shall be held to justify in either of the six following cases a suspicion of this disease, viz:

1. Suddenness of attack either with violent pain in the head and back, injected eyes and face, or with marked congestion of the superficial capillaries.
2. Want of that correlation between pulse and temperature usual to other forms of fever.
3. Albuminous urine.
4. Black vomit.
5. General hemorrahgic tendency.
6. Yellowness of the skin.

The following cases shall also be deemed suspicious:

7. Any case respecting which reputable and experienced physicians disagree as to whether the disease is or is not yellow fever.
8. Any case respecting which efforts are made to conceal its existence, full history and true nature.

In the event of death of a suspicious case a post-mortem examination should be made, when practicable. Both before and after death, yellow

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fever is specially and pre-eminently characterized by the fact that it is *par excellence* a hemorrhagic fever, marked by capillary congestion and its sequelæ, hence post-mortem evidence of a general hemorrhagic tendency in internal organs, especially in the digestive, in preference to the urinary tract, shall be held to confirm the suspicion.

The above were adopted by the New Orleans Medical and Surgical Association and the Louisiana State Medical Society.

Respectfully submitted,

GEO. A. KETCHUM, of Mobile,
L. F. SALOMON, of New Orleans.

REPORT OF THE COMMITTEE ON MARITIME QUARANTINE.

The question having been submitted to your committee, we beg leave to make the following report:

1. Can an effective quarantine be enforced along the Gulf coast?

It is the opinion of your committee that this and the second question of the series are best answered in the ideal plan suggested by the president of the Louisiana State Board of Health in his address on quarantine improvement, as follows:

2. How to enforce quarantine so as to produce the least possible injury to commerce.

We can enforce such a quarantine only by devising plans of action such as promise a reasonable, if not a positive assurance of success.

As an illustration, let us examine such a plan for New Orleans.

When a vessel arrives at the mouth of the Mississippi she is either infected or she is healthy. If we know her to be infected she is at once removed to the supplemental or lower station, for infected vessels only, where she will be actually cleansed, actually disinfected and fumigated, her sick removed to the local hospital.

She is an exceptional case and will be dealt with exceptionally.

She will certainly not be allowed to endanger healthy vessels by mooring in their vicinity.

If at any time she wishes to put back to sea she is at liberty to do so; but if she desires to come into our port, she will be detained until the board can safely venture upon allowing her up.

We will understand better the particulars of treatment when we have described the course of a sailing ship through quarantine, no record of sickness on the voyage, a cargo of 30,000 bags of coffee, yellow fever epidemic in Rio, from whence she has cleared. She is brought alongside the wharf at the upper quarantine station, where she finds every arrangement for the rapid discharge and reloading of cargo. The crew, with all their effects, are at once taken ashore, where, in a room provided, everything they carry, apparel and baggage, is subjected to powerful disinfection. They are then received at a commodious boarding-house, comfortably prepared for them, there to undergo the prescribed detention. Their clothing exchanged for other clothing already treated, and this in turn disin-

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fected. If one should fall ill, he is instantly removed to the hospital, as distant as can be located.

In the meantime a full corps of acclimated stevedores are busily engaged in breaking out the cargo and transferring it to the warehouse, already built by the United States government for their accommodation, there to undergo fumigation. As soon as completely emptied, or at least sufficiently so to permit of thorough cleansing and fumigation, the quarantine tug, a compactly built small vessel, somewhat after the fashion of a fire tug, for harbor protection, is run alongside the ship. A hose, attached to a powerful forcing pump aboard the tug, is let through the forward hatchway down into the hold.

In order to flush the bilge quickly, it might be necessary to take up the timber plank, as a better examination could be had and the real condition ascertained. But whether this be done or not, or the ship be in ballast or not, she can be speedily and thoroughly washed. The pump is started and the washing begins while the ship's pumps are set to discharging the foul bilge water. This continues until she is washed clean, not only in the timbers and floor of the hold, but the ceiling and every available part. She is now pumped out, the hose removed, and then begins the disinfection and fumigation. Another large hose attached to a powerful exhaust fan is lowered into the same position as the first. The hatches and every other outlet are closely battened, with the exception of a small ventilating hatchway, either at the bow or stern. A quantity of sulphur is put into the furnace connected with the fan and ignited. The exhaust fan is started and sulphurous acid in immense volume and with tremendous force is driven into the timbers and air-strakes, into every crevice and part of that ship until she is completely filled.

In doing this we displace the mephitic and dangerous atmosphere closed in her when she started from Rio, and which, if allowed, would have been set free at our levee--the infected atmosphere of Rio to commingle with the atmosphere of New Orleans, deadly ripe, perhaps, for its reception.

We have displaced this not only with a non-infected atmosphere, but with one intensely germicidal—one that destroys organic elements in the air, or on exposed surfaces, with instant greediness. As for the fumigating agent to be selected, we may use through this apparatus sulphurous acid gas, chlorine, or the nitric acid fumes, produced by pouring nitrous acid upon copper filings. The fumes so produced are so powerful that no animalculæ can exist in them for more than two seconds, and the portholes being closed for twelve hours, the process cannot fail to be effctive. For my own part, I believe the sulphurous acid to be all that we can desire.

After a few hours the hatches are removed and pure air is driven in to facilitate clearing the ship of the fumes. She is reloaded and, with her captain on board, proceeds at once to the city, there to be discharged only by an acclimated gang. Her export freights must be ready. She is at once reloaded and starts on her voyage. If the term of detention of her crew has not already expired, she touches at quarantine to take on such as have engaged to reship, and puts to sea, with no more detention than was required

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to cleanse her, with the utmost expedition, which alone was worth the trouble.

Such a method would soon be adopted at tropical ports before loading, which would greatly lessen the danger and facilitate our work. To avoid complicating the legal points the board of health gives the ship the option of remaining at the station with the crew on board the full term of detention or leave the crew there. Owners will rather leave the crew, and so contract with them, if necessary, as soon as it becomes known that the regulations of the port will enable ships to lessen their detention. If yellow fever were to break out on a vessel conscientiously thus treated, we might truly say that cleansing and fumigation are nothing more than fetish observances to exercise a malignant spirit, mere shams to trick the people of the interior.

We might abandon the hope of ever seeing any of our Gulf ports great centres of trade. But until that most unlikely thing did occur, we would adhere to our methods, and not suddenly declare a sixty days quarantine or non-intercourse and send back to sea a vessel already fifteen days in quarantine, and subjected to disinfection and fumigation. At any rate, if we did, we would not present them a bill for our services.

There will never be established in the Gulf ports of the Southern States a commerce upon a solid foundation until municipal authorities and the people at large recognize at its true commercial value, the principle of sanitation, and apply themselves earnestly and enthusiastically to a reformation in the methods of cleansing and purifying their cities, and until boards of health no longer go to war and cease to inflict arbitrary measures, declaring embargoes upon trade as the only remedy of their own deficiencies.

The plan of improving quarantine methods would cost money. Suppose it cost $20,000 or $60,000, what is that compared with the value of the unobstructed commerce of a great centre, sweeping the circle of the world for trade? If it improve the guarantees against importation of pestilence, what is that amount as compared with the blessing shed upon the cities of the Gulf and the millions of people behind us.

To prevent the introduction of yellow fever one single year would justify a thousand times the expenditure. These quarantines should be perfect at any price, excepting the bartering or putting in jeopardy of one iota of the rights and sovereignty of the State.

Applied science in the methods of quarantine is the only force potent to sever the coalition of boards of health with commercial rivals, and to furnish guarantees against the importation of yellow fever worthy of respect and confidence.

The above plan is submitted as the only one which, in the opinion of your committee, meets the requirement of a quarantine embodying the highest efficiency in the guarantees against importation of pestilence, while at the same time causing the least possible injury to commerce. The present methods of quarantine are, in the opinion of your committee, too vulnerable for criticism. While inflicting upon commerce the extremest hindrance, and oppressively inconvenient to all, they are not reliable in any of the guarantees against the importation of infection.

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We would urge upon the boards here represented the rigid execution of all the methods now in vogue to secure such safety as the present system may possibly afford, and that the boards of health in the several States of the Gulf immediately urge upon their several legislative bodies, and upon their people, the earliest adoption of an improved system of quarantine, in accordance with the foregoing plan.

3. Non-intercourse—under what circumstances justified.

We can but express the opinion that under a system of rational, strictly scientific quarantine, non-intercourse is never necessary to efficiency in a sanitary point of view, and can only be damaging to commercial interests and violative of every instinct of humanity. Recognizing the fact that the present system, as pursued at the Gulf ports, does not furnish a reasonable security at all times; exigencies may arise demanding either absolute non-intercourse, or the nearest approximation that can be attained in extended detention of thirty days or sixty days, which is the equivalent.

4. Period of quarantine detention.

Under the improved system herein indorsed, days of detention would be reduced to hours, because ships cleansed, disinfected and fumigated in name would be so in fact. There could be no object in holding such a vessel in quarantine, except to serve as a hotel for the crew; which, under the improved system, would be provided on shore. Commanders of vessels would discountenance the carrying of passengers during the quarantine season. But at present we agree on a detention of not less than ten days.

5. The proper disposal of non-infected vessels under quarantine.

The proper disposal of non-infected and infected vessels under quarantine is complete separation and isolation of the latter at a station for infected vessels only.

6. Treatment of vessels and cargoes with a view to disinfection.

The treatment of vessels and cargoes with a view to disinfection is conscientious thoroughness in the application of scientific measures.

In the plan suggested there is no principle not contained in the present system. The only difference is that it contemplates thoroughness of execution and perfect consistency with its own doctrines.

7. The advisability of petitioning Congress to require consular agents of the United States, residing at inter-tropical ports habitually or periodically infected with yellow fever, to cause all ships in such ports that are about to load for ports in the United States to be thoroughly inspected and cleansed before receiving cargo, and a certificate furnished to that effect.

The committee indorses the above suggestion.

All of which is respectfully submitted.

GEORGE A. KETCHUM, Alabama,
R. W. HARGIS, Florida,
A. PARKER CHAMPLIN, Mississippi,
C. A. RICE, Mississippi,
R. M. SWEARINGEN, Texas,
C. C. FITE, Tennessee,
JOSEPH HOLT, Louisiana,
Committee.

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ON INTERSTATE QUARANTINE.

Resolved, That there should be entire harmony and co-operation between the health authorities of the several States.

Resolved, Every State should appoint inspectors on all passenger trains from infected places, and on all steamboats or other river crafts on which it may be deemed advisable to have inspectors, to see that the quarantine rules are enforced in good faith.

Resolved, Every State should have the right to place inspectors of its own at points within the jurisdiction of any other State, and upon railroad trains and river boats within the limits of such jurisidiction. Inspectors coming under this head should be allowed all reasonable facilities for obtaining information and for the transmission of the same, and should comply with the quarantine regulations of the State or locality in which they are acting.

As to local or municipal quarantine; yellow fever or cholera having been introduced into any community, particularly into any city or town, earnest efforts should be made to confine the disease within the smallest limits, that is to say, to prevent its dissemination through the community. To this end the infected house or locality should be vigorously isolated, and disinfection should be employed according to the most improved methods.

Dr. JEROME COCHRAN, Alabama.
Dr. G. B. THORNTON, Tennessee.
Dr. W. E. ANDERSON, Florida.
Dr. R. M. SWEARINGEN, Texas.
Dr. J. M. TAYLOR, Mississippi.
Dr. L. F. SALOMON, Louisiana.

On the second day of the session, Dr. Joseph Holt, President of the Louisiana State Board of Health, delivered a very able and interesting address, devoted specially to the description of the system of quarantine that seemed to him best suited for the protection of the Gulf ports, and, specially, New Orleans, from invasion by yellow fever. This address is not given here, for the reason that a large part of it is included in the report of the committee on maritime quarantine.

APPENDIX.

It may be proper to state that in accordance with the terms of the agreement reached by this conference, notice of the only case of fever regarded as suspicious that occurred in New Orleans last year was promptly telegraphed to the various boards of health concerned in the conference by the New Orleans Board of Health.

This was the case of Safely Patterson, who died with black vomit on the 22d of July in the Fourth District. There was no history of exposure to infection; and amongst the medical men who saw the case there was much difference of opinion as to the diagnosis. It was, therefore, properly telegraphed as a suspicious case. Feeling assured that if subsequent events showed the presence in New Orleans of yellow fever the facts would be

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promptly announced, the publication of this case gave rise to no uneasiness, and none of the adjacent States or towns thought it necessary to invoke the protection of quarantine.

On the 10th-12th of March of this present year, at a meeting of the Sanitary Council of the Mississippi Valley, the rules in regard to yellow fever and quarantine, as published above and as agreed upon by the conference of State boards of health, were also adopted by the Council, so that they now in practice constitute the sanitary law of the entire Mississippi Valley and of all the States adjacent to the Gulf of Mexico.

Perhaps the most noticeable thing in the action of these two important sanitary bodies—the Conference of State Boards of Health, and the Sanitary Council of the Mississippi Valley—is the express abandonment of quarantines of detention, as being unscientific in theory and in practice, imposing insupportable burthens upon commerce. In illustration of the opinions entertained in regard to quarantine detention I add two brief quotations from a pamphlet recently issued, bearing title as follows: Report of the Joint Committee of the Commercial Bodies of New Orleans to the United States Mexican, Central and South American Commission. The first quotation is the utterance of the commercial members of the committee. The second quotation comes from the President of the Louisiana State Board of Health:

"The chief impediment"—to the commerce of New Orleans with the tropical countries of America—"has been the obnoxious and obstructive quarantine laws which have virtually closed the port against Southern commerce for one half of every year, rendering it impossible to profitably establish regular steam communication with a large number of the ports of the Gulf of Mexico. In fact, the signification of the quarantine question, as the one upon which the inter-tropical commerce of New Orleans is pivoted, cannot be too forcibly expressed. Under its destructive influence, West Indian, Mexican, Central and South American trade has languished, and in some of its branches became almost extinct."

"A detention in quarantine of ten, twenty, or forty days, or an embargo through a proclamation of non-intercourse, is incompatible with commercial economy. Such interruption, extending over a period of five or six months and repeated annually, is destructive. The shipper or consignee, the owner or charterer, of a vessel, particularly of a steamer, laden with merchandise more or less perishable and representing many thousands of dollars, cannot afford to abide the idle anchorage of his ship during a conventional period of many days, weeks, or months. Neither energy nor the investment of capital can improve trade opposed by such obstacles. A maritime port which shuts its gates against certain vast regions of commercial production, cannot maintain successfully its business relations in a contest with bold and vigorous rivals in the same field—rivals whose gates are always open, and who are ever ready to expend millions, if necessary, to insure unobstructed entry."

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THE IMPORTATION OF CORPSES.

In November last a communication, bearing date the 18th of said month, was received at the State health office in relation to the transportation of corpses on baggage cars. It was signed by Mr. J. D. Marston, Chairman of the committee appointed by the National Association of General Baggage Agents to draft a set of rules and regulations to govern the sort of transportation indicated; and was accompanied by the Rules of the Chicago Rock Island and Pacific Railway.

These documents are here subjoined :

DEAR SIR:—Will you please favor me at your earliest convenience with a copy of your rules and regulations governing the transportation of corpses in baggage cars.

There seems to be a wide diversity of opinion with the different State Boards of Health, relative to what bodies may or may not be carried, and how they shall be prepared, etc.

The object of this enquiry is to enable a committee appointed by the National Association of General Baggage Agents, to report a set of rules and regulations to govern the transportation of corpses in baggage cars, for the adoption of all the railroads in the United States and Canadas.

Any suggestions you personally may be pleased to make on the subject will be thankfully received.

RULES FOR THE GUIDANCE OF STATION AGENTS AND BAGGAGEMEN IN RECEIVING AND TRANSPORTING DEAD BODIES.

RULE 1. The transportation of the bodies of persons dead of small-pox, Asiatic cholera or yellow fever is absolutely forbidden.

RULE 2. From November 15th to March 15th, all other dead bodies may be transported without restriction, except that those dead of diphtheria, scarlet fever, typhus or typhoid fever, in addition to being in a metallic or wooden coffin, and this enclosed by a light wooden box, must be closely wrapped in a carbolated cerecloth, or some equally effective substitute.

RULE 3. From March 15th to November 15th, all bodies presented for transportation must be prepared as described in the latter part of Rule 2.

RULE 4. Every dead body must be accompanied by a physician's certificate of death, and a written certificate from the shipping undertaker that the corpse has been prepared for transportation in accordance with the rules of the Iowa State Board of Health.

(Form of certificates required by State Boards of Health.)

PHYSICIAN'S CERTIFICATE OF DEATH.

..... 188 ...

Name of deceased.....date of death .....188.. ....age ... years,..... months,..... days. Place of death..... Cause of death..... I hereby certify that the above is true to the best of my knowledge and belief. .....M. D.

Residence of certifying physician ....., County of.....

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UNDERTAKER'S OR SHIPPER'S CERTIFICATE.

.....188....

.....hereby certify that the dead body of.....(if minor give parents' name.).....named in the foregoing physician's certificate, has been prepared by.....for transportation in accordance with the rules of the State board of health.

.....Undertaker.

Residence of Undertaker.....

In seeing that the above instructions are strictly enforced you are to understand that the intention is that no dead body shall be received which may be the means of spreading disease. Therefore, in receiving any corpse which originates in its primary shipment from within the States of Iowa, Illinois and Missouri, the rules of the State Boards of Health governing such shipments must be observed.

All dead bodies presented by connecting lines and coming from beyond the States mentioned, need only to be accompanied by a physician's certificate, which must plainly state that the disease of which the person died was not of a contagious character.

My reply to this communication was to the following effect:

(1) That the Alabama State Board of Health had never formulated any rules for transportation of corpses.

(1) That under our law it was the duty of the county or municipal boards of health to prescribe such rules for the removal of corpses from place to place as seemed to them expedient under the special circumstances of each case.

(3) That I had no doubt that the rules of the Chicago, Rock Island and Pacific Railway, as submitted, would fully meet the views of the various health authorities in Alabama.

REPORT ON THE SANITARY CONDITION OF THE PRISONS AT THE MINES.

OFFICE OF THE STATE BOARD OF HEALTH,
Montgomery, October 30, 1884.

To his Excellency E. A. O'Neal,
Governor of Alabama:

SIR: On the last day of July of the current year I received from Col. R. H. Dawson, President of the Board of Penitentiary Inspectors, an invitation to visit the convict prisons at Pratt Mines, and to make an inspection of their sanitary condition. This invitation was expressed in the following terms:

MONTGOMERY, ALA., July 31, 1884.

Dr. Jerome Cochran:

DEAR SIR—About a year ago you visited the convict prisons at Pratt Mines at the request of the Board of Inspectors, and made many valuable sugges-

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tions in regard to the sickness and mortality that was then so alarming among the convicts. As far as we could have it done, your advice has been followed in the working, treatment, and care of the convicts. The results have been excellent, and the condition of things have improved more than we dared hope.

I now write to invite you again to visit Pratt Mines to see what has been done, and to again aid us with your advice in making arrangements still better. At such time as suits your convenience one or more of the inspectors, as you may desire, will go with you to the mines.

Yours truly,

R. H. DAWSON, President of the Board.

Accordingly, on the 7th and 8th days of August, I proceeded to make the requested inspection, and visited at Pratt Mines in company with Inspectors Dawson and Henley, the prisons at Slope No. 2 and at the Shaft. Subsequently, namely, on the 10th and 11th days of August, in company with Inspector Henley, I visited the prisons at New Castle and Coalburg.

It will be remembered that Dr. J. B. Gaston, at that time President of the State Board of Health, and myself, then as now State Health Officer, made an investigation of the mines and prisons at New Castle and Slope No. 2, at Pratt Mines in March, 1882; of which investigation the report was duly presented to the Governor of the State, and subsequently printed in the Transactions of the State Medical Association. It will also be remembered that in July of last year, 1883, at the request of your Excellency, I made a very careful inspection of two of the Pratt Company's mines, namely, the Shaft and Slope No. 2, and of the prison at this last mentioned place, the results of which were duly reported to you, and subsequently printed in the Transactions of the State Medical Association for 1884.

In order that my present report may be properly understood, it will be necessary to read it in connection with the two previous reports just mentioned.

THE PRISONS AT PRATT MINES.

There are two convict prisons at Pratt Mines, one at Slope No. 2, and one at the Shaft. The prison at the Slope has a population of about 200 State convicts and about 60 county convicts. The prison at the Shaft has a population of about 150 State convicts and about 200 county convicts. Or, i we take the two prisons together we find that their aggregate population is of State convicts about 350, and of county convicts about 260, making altogether something over 600 souls.

THE PRISON AT THE SLOPE.

In my report of my investigation of this prison in 1882 it appears:

(1) That it was greatly overcrowded.
(2) That it was imperfectly ventilated.
(3) That it was extremely filthy.
(4) That the means of ablution were inadequate.

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(5) That the kitchen was too small and the apparatus for cooking deficient.

From the report of my investigation in 1883 it appears that sundry improvements had been made in this prison, as follows;

(1) That a new dining room had been constructed which furnished better accommodations than the old one.

(2) That the old dining room had been converted into a sleeping cell for colored convicts, thus furnishing some relief from the overcrowding.

(3) That the supply of water in the bath house had been increased with a corresponding improvement in facilities for ablutions.

(4) That a new and commodious hospital had been built for the sick.

(5) That windows for ventilation had been cut in one of the cells.

Other improvements were at that time projected, and of these the following have been completed:

(1) A second story has been added to each one of the original cells. In this way the capacity of the prison has been so increased that there is no longer any serious overcrowding to be complained of.

(2) Windows, barred with iron and fitted with sliding sashes furnished with glass, have been put in all the cells in numbers sufficient to afford ample means of ventilation.

(3) The stockade has been enlarged, and this makes the cells much more light and airy than before.

(4) New hanging bunks and new mattresses have been furnished, and while the beds are not yet what they ought to be, they are an improvement on those formerly in use.

(5) Long zinc tanks have been introduced in place of the wooden ones with which the bath house was formerly furnished. They are so long that dozens or scores of convicts can bathe in them at the same time, and are not divided into compartments, as they should be, so that every man could bathe in clean water—that is to say, in water that has not been contaminated with the miscellaneous filth washed from the bodies of his fellow convicts.

(6) The latrines have been furnished with good seats, basins, and traps, and with flushing and discharge pipes and abundance of water to keep them always clean. They are not separated by walls or screens from the bodies of the cells.

(7) There are other improvements in minor matters that deserve to be mentioned. The bath house is well supplied with towels; and in the dining room the convicts have knives and forks and spoons to eat with.

These statements show, that within the last two years the improvements in this prison have been very great—so great, indeed, that I feel warranted in saying, that, taking everything into consideration, the accommodations here are one hundred per centum better than when I made my first inspection two years ago. The average condition of the convicts has not been improved to that extent, of course, because many other factors enter into that problem, but it has, nevertheless, been very great—immense.

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They look healthier, more cheerful, more hopeful, more like human creatures.

THE PRISON AT THE SHAFT.

The prison at the shaft is a new prison, constructed since my inspection in 1883. In general arrangement and outfit it is substantially like the prison at the slope. There is sufficient room to prevent overcrowding; the water supply is abundant for all purposes; and the ventilation is good. The arrangements for sleeping and bathing have, also, the same objectionable features that I have dwelt on in connection with the other prison, namely, the double beds and the big tanks. It is not, therefore, necessary to give any detailed description of it here.

MORTALITY AT PRATT MINES.

Through the courtesy of the penitentiary physician, Dr. R. M. Cunningham, I am able to add here a list of State convicts who have died at Pratt Mines from the first day of July, 1883, to the first day of October, 1884—a period of one year and three months. The first two names on this list were also included in my previous report. For my present purpose it is not necessary to separate those who died in the employ of Comer and McCurdy, fourteen in number, from those who died in the employ of the Pratt Coal and Iron Company, thirteen in number. These men were all examined in March, 1883, and their physical condition was then reported as follows: In eighteen cases good; in five cases moderately good; in four cases bad. The bad cases were: Dick Richards, who had pulmonary phthisis; Jack Hill, who had pulmonary phthisis; George Gay, who was brought from Sumter jail with typhoid fever; and George Turner, whose disability is not specially mentioned. Four of the cases having become chronic at the mines were sent to the penitentiary at Wetumpka, and subsequently died there; but they are properly chargeable to the mines. Twenty-three (23) worked in the mines; three (3) did outside work of some kind; and one (1), the Sumter typhoid case, was never able to work at all. Eighteen (18) cases died of diseases; and nine (9) cases of injuries. Two of those who died of injuries did not work in the mines, namely, George Colbert and Nelly Boyd. All the deaths from diseases occurred amongst the negroes; and all the deaths from injuries, except two, occurred also amongst the negroes—the two white deaths being Charles Gibson, and Dan Reynolds, from explosion of gunpowder. All the decedents were males except one, namely, Nelly Boyd.

I. Died of Diseases—1883.

July 1. Joe Gamble, chronic pleurisy and hydro-thorax.
July 11. Dick Richards, peritoneal and pulmonary tuberculosis.
July 22. Jesse Whitman, fibroid pneumonia and pleurisy.
Aug. 5. Adam Conly, pernicious malarial fever.
Sept. 14. Isaac Page, pericarditis, pleurisy, and hydro-thorax.
Sept. 16. George Gay, typhoid fever.

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Sept. 22. Jack Hill, pulmonary phthisis and pleurisy.
Nov. 24. Jim Johnson, peritoneal tuberculosis.
Dec. 22. Ned Davis, chronic enteritis.
Dec. 30. Charley Chapman, tertiary syphilis and caries of arm and hand.

1884.

Jan. 6. Jack Milner, peritoneal tuberculosis and chronic dysentery.
Jan. 19. Sam Warren, croupous pneumonia.
Jan. 19. Joe Gill, typhoid fever.
Feb. 10. Alex. Moody, typhoid fever.
Mar. 30. James Leonard, meningitis.
June 20. Peter Hubbard, croupous pneumonia.
Aug. 14. George Turner, congestive chill.
Aug. 28. Austin Edwards, peritoneal tuberculosis.

II. Died of Injuries—1883.

June 1. William Hudson, caries of foot and septicæmia.
Sept. 3. Charles Gibson, gunpowder explosion.
3. Dan. Reynolds, gunpowder explosion.
3. Henderson Thomas, gunpowder explosion.

1884.

Jan. 22. George Colbert, gangrene of leg.
Feb. 11. Howard Dowdle, crushed by falling rock.
June 5. Nelly Boyd, run over by railroad cars.
Aug. 12. Primus McGehee, falling coal, rupture urethra, septicæmia.
Sept. 26. Jim Morris, crushed by falling rock.

STATISTICAL SUMMARY.

From this record of facts we reach the following summary of conclusions; the death rates being all per thousand per annum:

Total average prison population about	350
Total average black convicts	290
Total average white convicts	60
Total deaths in 15 months	27
Total black deaths in 15 months	25
Total white deaths in 15 months	2
Total deaths from diseases	18
Total deaths from injuries	9
Black deaths from diseases	18
Black deaths from injuries	7
White deaths from diseases	0
White deaths from injuries	2
Total death rate	61.71
Total death rate from diseases	41.14

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Total death rate from injuries	20.57
Total black death rate	68.96
Total white death rate	26.66
Black death rate from diseases	49.65
Black death rate from injuries	19.31
White death rate from diseases	0.00
White death rate from injuries	26.66

The healthfulness of the white convicts at these mines, as shown by the foregoing statements, as well as by the results of my investigation in 1883, is all that could be expected. For nearly two years there has not been amongst them a single death from disease, and only two from accidental injuries. The causes of this immunity of white convicts I have discussed in my previous report, and to that discussion I have now nothing to add.

Amongst the black convicts at these mines, the rate of mortality has always been and is still so far above any normal standard as to furnish occasion for surprise and apprehension.

For the six and a half months preceding my investigation in July, 1883, this mortality was at the rate of 161.50 per thousand per annum.

For the fifteen months preceding my investigation in August, 1884, this mortality has been at the rate of 68.96 per thousand per annum.

The difference between these two rates is 92.54. In other words, the death rate has diminished much more than one-half, which is indeed a most remarkable and gratifying change. But it still remains true that our mortality rate is too large—is very much too large—is, so far as the mortality from diseases is concerned, at least double what it ought to be. In other words, the black death rate per thousand per annum should be reduced from 49.65 to somewhere in the neighborhood of 20.

The mortality from injuries in and about coal mines has always been recognized as high. In the Pennsylvania coal region it has been estimated at 12.50 per thousand per annum. The corresponding rate at Pratt Mines is, as we have seen, 19.31, or about one-third higher.

The causes of the tremendous mortality of our black convicts at the mines were discussed in my previous report, and to that discussion I have now nothing to add; as it sufficiently expresses my present opinions. During the last twelve months, several of the unsanitary influences there pointed out have been modified for the better, and the harvest of good results is seen in the largely diminished mortality. Inasmuch as we can never foresee all the elements that may become factors of the problem, it is never safe to undertake to forecast future developments in a case like that in which we are now engaged. But if no epidemic influence gets into the prisons, and if the present discipline of the convicts is maintained, I am very confidently of the opinion that the rate of mortality will continue to diminish until it is restricted within such reasonable limits that a citizen of the State may speak of it without feeling ashamed.

I desire to add here, that while the improved prison accommodations, the better ventilation, the more abundant water-supply, and other things of

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similar character, have contributed largely towards the increased healthfulness of the convicts, it is also true that the better discipline which has been enforced by the Inspectors, by limiting the number of working hours, by prescribing reasonable daily tasks, by taking care that feeble and sickly men are not worked beyond their strength, and other like rulings that need not be specifically mentioned here, have contributed still more largely to the same beneficent achievment.

I have based this discussion of the sanitary condition of the convicts at the coal mines entirely on the Pratt Mines prisons, and there are two reasons for this: (1) I am better acquainted with these mines and prisons than with any others; and (2) These are the only mines in which State convicts are worked. It may be thought that I have not drawn a very attractive description of these prisons, and to prevent misunderstanding I add here these two statements: (1) I consider the condition of the State convict in the mines as very much better than that of the county convict in the mines; (2) I consider these two prisones at Pratt Mines to be better managed, so far as the welfare of the convict is concerned, than any other mining prisons I have seen, and if I myself had to work in the mines as a convict I would prefer to be sent to Slope No. 2.

THE PRISON AT NEWCASTLE.

Since my visit to Newcastle two years ago the prison has been enlarged so that the air space for each person is now between 400 and 500 cubic feet, and the ventilation has been much improved. The water supply has been largely increased, and the facilities for ablutions have been increased in the same proportion. Water can be had in all the cells by turning a faucet; in every cell there are two or three half barrel tubs in which convicts can wash their faces and hands whenever they please; while in the bath room or wash room as it is called, there is a long wooden trough or tank in which convicts are expected to wash themselves when they come out of the mine, but this trough is not sufficiently capacious to admit the immersion of the whole body. There are still no privy arrangements except a supply of movable tubs in the cells—a system not at all to be commended.

I found still in use the shackles commented on in my report of 1882. It is claimed that these shackles are necessary here on account of the distance of the prison from the mine, some three quarters of a mile, which distance it is said multiplies the chances of escape. I do not undertake to judge of this; but I do know that these shackles increase very greatly the sufferings of the convicts who are forced to wear them, and at the same time contribute not a little to their moral degradation. I respectfully submit whether, in the interest of the principle of equal justice to all, the convicts at Newcastle should not have their terms of imprisonment shortened as an offset to this disadvantage.

On the whole, I am able to say that the relative improvement in this prison has been nearly equal to that of the Slope prison at Pratt Mines—that is to say, about one hundred per centum. But inasmuch as this prison

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was not equal to the Slope prison two years ago, so it is by no means equal to the Slope prison now. Only county convicts are kept here.

THE PRISON AT COALBURG.

This is a new prison and one that I have not seen before. Take it altogether it is the full equal, and perhaps the superior, merely as a prison building, of any prison in the State. I did not see the convicts at this place as I did at the other prisons, and was of course unable to form any opinion as to their general appearance. Here, as at Pratt Mines, I found abundance of room, good ventilation, latrines, etc., and the same facilities for promiscuous bathing, except that the big tank here is not lined with zinc.

This is a prison at which only county convicts are kept.

MISCELLANEOUS SUGGESTIONS.

The description I have given of the four convict prisons included in my recent inspection shows that they are adequate to accommodate without serious overcrowding their present populations; and that the ventilation and water supply of all of them is fairly good, although as regards water supply the Newcastle prison is not equal to the other three.

That so much can be truthfully said furnishes matter for congratulation—all the more so since it is the first time, since the adoption of the system of leasing out the convicts, that so much could be truthfully said. But for all this, there are many things connected with our prisons and our prison discipline which demand still further improvement; and some of these improvements could be made with very little increase of current expenses.

(1) Sufficient attention is not paid to cleanliness—cleanliness of person—cleanliness of wearing apparel—cleanliness of beds and bedding. It is true that every convict, on coming out of the mine, is required to wash himself, and that to this end he has a sufficient supply of soap and water, and in some of the prisons at least a sufficient supply of towels. But he must wash in an immense tank with water which is polluted by the filth from the bodies of dozens and scores of his fellow convicts who wash in it at the same time, or who have washed in it before him. It would have added but little to the expense of these long tanks had they been divided into sections so that every convict could have a separate bath of clean water all to himself. Besides the disgust that every one feels, or that every one ought to feel, at being obliged to bathe in foul water, it is quite possible that these promiscuous baths might become agents for the dissemination of infectious diseases. For example, most people would very much prefer to keep clear of a bath that had been contaminated by the discharges of syphilitic ulcers.

(2) After the bath, the convicts put on suits intended to be clean and dry; but they carry the dirty, damp, grimy garments worn in the mines into their cells, where the filth is rubbed off on the beds, on the walls, on the floors, on everything they come in contact with. As long as this is allowed,

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it is impossible to keep the beds clean. I know very well the plea that is made in defense of this custom, namely, that under any other system the convicts would be continually stealing and destroying one another's clothes, and that no system can be devised to avoid this difficulty. But I am sure this plea is not a sound one. In the same way it was asserted that it was impossible to keep towels in the bath room, and also that it was impossible to keep knives and forks and spoons in the dining room. As these last mentioned impossibilities have been found not at all insuperable, so it would be easy enough to devise a plan to meet all the difficulties of the dirty clothes problem.

(3) The beds are not so foul as they used to be, but they should be much cleaner than they are—should, in a word, be so clean that a decent man might afford to sleep in one of them without disgust; and they should not only be clean in fact, but they should look clean. There is no reason in the world that I can see why this degree of cleanliness should not be constantly maintained. There are soap and water in abundance, and plenty of hands to do all the washing that may be necessary. At Pratt Mines the mattresses are covered with slips, somewhat after the fashion of pillow slips, and these are from time to time changed and washed. This, however, does not prevent the mattresses from getting dirty, although it may make the dirt less obvious to the eye. The only sound system is to empty the mattresses from time to time, as often as they get dirty, wash the ticks, and fill them again with moss or straw, or whatever filling may be preferred.

(4) I desire again to call attention to my remarks in my preceding report in regard to separate sleeping rooms and separate beds for all convicts. I can not do better than to quote the language then used, which is as follows:

"It is an accepted principle in the construction and management of prisons, that every individual prisoner shall have a separate cell of his own to sleep in, it being held that every human creature is entitled to a little privacy; and this principle is recognized in the legislation of the State, section 4584 of the Code providing that penitentiary convicts shall sleep in separate cells. And, indeed, at the penitentiary separate cells are provided for them. I submit whether under this section of the Code it is not legally incumbent on lessees of convicts to provide also separate sleeping cells for their leased convicts in their private prisons. However this may be, I am sure that it would be possible to give every convict a separate bed of his own; and I am sure also that to every one of them it would be a boon above all price, and that such arrangement would contribute very greatly to the betterment of both the physical and moral hygiene of the prisons."

(5) I know very well that a great many persons who pride themselves on taking a common sense and practical view of things, will be disposed to regard what I have said in regard to cleanliness and privacy as the sickly utterances of a sentimental philanthropy. I know, too, that it will be argued that the great masses of the convicts in the coal mines are composed of negroes who are naturally gregarious, and who have been strangers all their lives to clean shirts and unspotted sheets; and that any proposition

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to feed and clothe and house them in a better fashion than they were accustomed to before they forfeited their liberty by violation of law, is, on the very face of it, preposterous and absurd. But many things are not as they seem to many; and I undertake to say that the reformatory and civilizing influence of clean shirts, and clean beds, and private sleeping rooms, would be of inestimable value to the State. A man gains a very precious possession when he is taught the great lesson of self-respect; and men can not respect themselves except when they live in such way as to merit the respect of other men.

But this is too large an argument to be more than glanced at here.

(6) I am afraid that our minds have become to much imbued with the feeling that the end and aim of our penal statutes is the vindication of the principle that because a man has done wrong he must be made to suffer for it—must be punished in both body and soul in order that society may receive satisfaction for the injuries and indignities which have been inflicted upon it by his criminal conduct. But this is to invest the ignoble passion of revenge, which in private persons religion and morality both condemn, with the solemn sanctions of public law, and seems to me to be unworthy of the jurisprudence of a Christian people. Criminals, indeed, must suffer, especially criminals upon whom is laid the heavy hand of the law. Deprivation of liberty, separation from home and friends, subjection to jailors and task-masters, the loss of self-respect, the public shame and pariah degredation of prison life—all these involve elements of suffering that might well appal the bravest hearts; and it would really seem that such sufferings should satisfy the claims of public justice so far as the infliction of punishment is concerned, so that there should be no occasion left to seek to inflict upon the victim of the law such additional discomforts as can be easily avoided. Let the criminal pay his full debt to the society he has injured and to the law he has outraged. Let him pay, if you please, in full measure, heaped up and running over. But forbear to inflict upon him any gratuitous indignities; and, above all, do not subject him to such a way of living as must needs demoralize and brutalize him utterly. Let him come out of prison a better man than he was when he went in, and not a worse one.

(7) It will be conceded that the leading aims of our criminal jurisprudence are, or at least ought to be, these two: (1) The protection of society; and (2) the reformation of the criminal; and, hence, that the wisest and most benignant system of penal administration is that by means of which these two purposes are most thoroughly accomplished.

There are criminals, perhaps, who are practically incorrigible—criminals whose whole nature is degraded and perverted by vicious endowments inherited from criminal ancestors, and by the influence of a vicious environment upon his individual development. Fortunately such monsters are not numerous. For them of course the hope of reformation must be abandoned, and the principle of the protection of society must alone dictate the treatment to which they are subjected. In such cases it seems to me that it would be the best policy for all concerned to continue the restraints of

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the law as long as they live. Just as any one incorrigibly insane is kept permanently in the asylum, so any one who is incorrigibly vicious should be kept permanently in the prison.

But I am quite sure that the great majority of our convicts are not constitutionally and hopelessly wicked—are not sunk so deeply into the mire of depravity as to be beyond all hope of moral resurrection.

(8) The population of our prisons is mostly a population of negroes. These people are proverbially weak, improvident, credulous—the victims of impulse and circumstances. Many of those in the prisons have been guilty of only trivial offenses; and many of these offenses not in themselves criminal or even immoral, but which have been made penal simply by statutory enactment.

It is the peculiar misfortune of the negro that his investment with the privileges of citizenship and of the elective franchise has also subjected him to the operation of laws made by white men for the government of white men—laws which he does not understand and the moral obligations of which he is not able to appreciate. But the privileges and responsibilities of citizenship and the suffrage must go together; and, so far as this evil is concerned, I know of no other remedy than that partial and uncertain one which is to be found in the practical common sense of our juries.

(9) In the meantime the broad fact remains that our prison population, including both whites and blacks, is not composed exclusively, or even chiefly, of incorrigible malefactors, but consists for the most part of men whose weaknesses and misfortunes have had quite as much to do with their degradation as innate depravity and constitutional wickedness. And my argument is that many of these people are still amenable to moral influeences, and that it is the duty of the State to see to it that the discipline of the prisoners is of such character as to contribute towards their reformation—that is to say, is such as tends to make them better—and very certainly that it is not such as tends to make them worse.

How it is that prison life so often exercises a demoraling influence on convicts so that they come out of prison worse men than when they went in, is too large a question for discussion in this report; but the keys to the problem may be found in two suggestive sentences: (1) Evil communications corrupt good manners; and (2) There is no more certain way to brutalize a man than to treat him like a brute. Even brute animals, as dogs and horses, respond to kind and considerate treatment, and are made the better by it. In this connection I desire to call attention to a passage written nearly a hundred years ago by the famous Count Rumford. Speaking of the pauper and criminal classes he says:

"With persons of this description it is easy to be convinced that precepts, admonitions, and punishments would be of little avail. But where precepts fail *habits* may sometimes be successful. To make vicious and abandoned people happy, it has generally been supposed necessary *first* to make them virtuous. But why not reverse this order? Why not make them first *happy* and then virtuous? If happiness and virtue be *inseparable* the end will as certainly be attained by one method as by the other; and it is most

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undoubtedly easier to contribute to the happiness and comfort of persons in a state of poverty and misery than by admonitions and punishments to improve their morals."

THE PENITENTIARY INSPECTORS.

Any one who will take the trouble to study carefully the details of my three prison reports—namely, the Report of 1882, the Report of 1883, and this present Report of 1884—can not fail to be convinced that in the condition of our Alabama convicts there has been during the last two years—the interval separating the first of these reports from the last—an immense improvement. But while in general terms everyone will be forced to acknowledge this to be true, only those who have had the opportunity of personal observation at the different periods indicated can be expected to appreciate its real extent and character. I am not accustomed to make use of extravagant statements, nor to indulge in flashy rhetoric; but when I speak of the improvement in the convict prisons and their management as immense I have hardly done the occasion justice. What has been done is virtually a revolution—so changed is the whole environment of convict life.

In saying this I do not desire to be understood as holding that our convict prisons and our methods of prison management are at all what they ought to be. Far from it. Two years ago they were deplorable indeed. Now, with all the improvements that have been made, they are barely tolerable, and additional ameliorations are still urgently needed. Of these I have spoken at some length in another part of this report.

For the improvements already accomplished the people of the State are under obligations to the present very excellent Board of Penitentiary Inspectors. They have done a noble work ; and they have done it under circumstances of great difficulty and embarrassment. It would be natural for any one to think that a board of state officials armed by the State with large powers, for that express purpose, ought to be able to control the management of the convicts of the State with comparative ease and facility. But this has not been the case ; and in the face of the powerful antagonistic influences involved in the problem it has been impossible that this should have been the case in the past, or that it can ever be in the future. The improvements I have mentioned have been won at the expense of unsleeping vigilance, and of patient determination that would not yield to opposing circumstances; and these same qualifications will be needed to maintain hereafter the advantages already gained, and to secure such additional improvements as may be required to make our prison system a credit to the State. The enlarged prison accommodations, the improved ventilation of the prisons, the increased supply of water at the prisons, these, indeed, are permanent gains as long as the existing prisons are maintained; but there are gains in other directions quite equal to these in importance which will be speedily swept away whenever the wise and persistent supervision of the State is withdrawn. I cannot go into all the details here; and perhaps it is not my business to do so, the more especially as many of them will doubtless find a place in the report of the Inspectors. But I am able to speak

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from the stand-point of personal knowledge, and being one of the very few citizens of the State who can give that sort of testimony, I have felt that it was due to the Board of Inspectors to put on record here my appreciation of the faithfulness and efficiency with which they have discharged the onerous duties of their office.

PART V. SUPPLEMENTARY PAPERS.

DECISION OF THE SUPREME COURT IN THE CASE OF THE MEDICAL AND SURGICAL SOCIETY OF MONTGOMERY COUNTY V. J. S. WEATHERLY.

Forfeiture of Membership in Private Corporation for Non-Payment of Dues—Mandamus.

1. *Mandamus—Private Corporation—Corporate Franchise.*—The writ of *mandamus* will be awarded against a private corporation, at the instance of one of its members who has been wrongfully disfranchised or amoved, to compel his restoration to membership and to the enjoyment of corporate franchises; but the courts exercise this jurisdiction with due caution, and with a just regard to the rights of the majority of the corporators, and will not inquire into the merits of what has been regularly done by due course of proceeding.

2. *Penal Laws must be Strictly Construed—Rule Applicable to Voluntary Societies.*—All penal laws and regulations are to be strictly construed, especially when summary in their character, and operating to produce a forfeiture of valuable rights; and this general principle is equally applicable to constitutional and statutory provisions, municipal ordinances, and the by-laws and regulations of voluntary societies, whether incorporated or not.

3. *Constitution of Private Corporation.*—The constitution of a private corporation or voluntary society is in the nature of a contract between the several members; and its provisions are equally binding upon the individual members and the society in its corporate capacity.

4. *Private Corporation—Forfeiture of Membership—Notice.*—It is competent for the members of such corporation or association, by express provision of their constitution, to provide for a forfeiture of membership upon a specified condition, to take effect at a specified time, without personal notice to the party in default; but the courts will not adopt such a construction unless the language is plain and unambiguous.

5. *Parliamentary Law—Judicial Notice.*—The rules of parliamentary law, of which the courts take judicial notice, are "presumptively adopted for the orderly administration of business in every association, corporation or voluntary society."

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6. *Medical and Surgical Society of Montgomery—Non-Payment of Dues—Forfeituure of Membership—Clerical and Judicial Acts.*—Under the constitution of the Medical and Surgical Society of Montgomery county, as shown by the record in this case, its several provisions being construed *in pari materia*, the non-payment of annual dues by a member is not *ipso facto* a forfeiture of membership, but is only a cause or ground of forfeiture; the secretary is required, in revising the roll of members, to drop the member's name, giving him notice of the fact, and make a written statement or report to the society, at the regular meeting fixed for the revision of the roll; and his clerical act of dropping the name must be ratified by the judicial act of the society in its corporate capacity, before the forfeiture of membership is complete.

7. *Same—Irregularity in Notifying Member of Expulsion.*—If the society does not act upon the secretary's report at the regular meeting in April, the time fixed by the constitution for the revision of the roll, its official action at a subsequent meeting, of which the defaulter was not notified, would be irregular and unauthorized. Affirmed.

The facts are sufficiently stated in the opinion.

SOMERVILLE, J.—This is an application for the writ of *mandamus* by the relator, Dr. J. S. Weatherly, a licensed and practicing physician, seeking to vacate certain proceedings of the Medical and Surgical Society of Montgomery county, a voluntary association incorporated under the laws of this State, by whose corporate action he claims to have been irregularly and illegally deprived of his membership in said society and excluded from its privileges.

We can entertain no doubt of the jurisdiction of the courts of this State to interfere, in all proper cases, by *mandamus* as an appropriate remedy for the wrongful disfranchisement or amotion of a corporator, and to restore him to the enjoyment of a franchise of which he has been illegally deprived. This right of supervision over bodies corporate is one of great antiquity in our law, and is regarded as derived from the visitatorial power, always impliedly reserved by the sovereign or the State in granting corporate charters, and which is exercised through the courts of common law jurisdiction. High on Extr. Rem. §§ 291-293 The modern and better view is, that this right of judicial visitation is not confined to public corporations but extends as well to those of a purely private nature. Nor is it limited to such as are organized strictly for business purposes, or pecuniary profit, but is made applicable also to corporations formed for eleemosynary, religious, scientific or other like purposes.—Angell & Ames on Corp. § 704; *State v. Milwaukee Cham. Commerce*, 47 Wis. 670. The King, under the ancient law, was the legally constituted visitor of all corporations, whose franchise may have been granted to subjects by his grace and authority—a jurisdiction which was exercised through the medium of the courts, and the chief function of which was "to render their charters, or constitutions, ordinances and by-laws of perfect obligation, and generally to maintain their peace and good

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government."—Angell & Ames Corp. (11th ed.) § 684; 2 Kent Com. 300. The just reason is that a corporate franchise is property, incorporeal, it is true, but deemed none the less valuable in the eye of the law. Each individual member, as remarked by Sir William Blackstone, is said in such cases to be the owner of the franchise, and his privilege of membership, we may add on high authority is, therefore, property subject to the protection of the courts as valuable, although it may have no actual market value.—2 Black. Com. *37; *State v. The Georgia Medical Society*, 38 Ga. 608; Moses on Mandamus, p. 184; *Dartmouth College v. Woodward*, 4 Wheat. 463.

The purposes for which this jurisdiction is commonly exercised is left in no doubt by the authorities. In High on Extraordinary Remedies, § 294, it is said to be now a well established rule that "*mandamus* will lie to restore to his corporate rights a member of a corporation who has been improperly disfranchised or irregularly removed from his connection with the corporation. And while the courts will not inquire into the *merits* of the decision of corporate authorities in expelling or removing a corporator in the regular course of proceedings, yet if the amotion has been conducted without due authority, the courts will interfere by *mandamus* to compel the restoration of the member to his corporate franchise." The same rule is declared, in substance, in Angell & Ames on Corporations (11th ed.) § 695, where it is said that this jurisdiction will be exercised for compelling corporations generally "to observe the ordinances of their constitution, and to respect the rights of those entitled to participate in their privileges." "If a corporator has been unjustly or irregularly amoved or suspended from his office, or disfranchised, the court," it is added, "will grant *mandamus* to restore him."—*Ib.* § 704. By a more recent writer, of respectable authority, the doctrine is stated as follows: "A *mandamus* will issue in all cases to compel a corporation, or any particular officer, to perform any plain duty required by law in favor of a member or other interested party, whether such duty is imposed either by statute, charter, custom or contract."—Wood's Field on Corporations, § 462. In the light of these authorities, and the numberless adjudged cases upon which they are predicated, and by which they are fully sustained, we think the rule may be regarded as firmly established that, in every case of the disfranchisement of a corporator, the courts will entertain jurisdiction to restore him by *mandamus*, where the cause or ground of disfranchisement is legally insufficient, or where the proceedings by which it has been attempted are irregular, according to, or as tested by the charter or by-laws of the corporation. But no inquiry will be made into the merits of what has been regularly done by due course of proceedings.—*Com. v The German Society*, 15 Penn. St. 251. The aim of the courts, as said by Mr. Justice Sergeant, in *Commonwealth v. The Pike Beneficial Society*, 8 Watts & Serg. 251, is to preserve corporate tribunals "in the line of order, and to correct abuses."—High on Ex. Rem. §§ 294, 297-304; Wood's Field Corp. (11th ed.) § 704. The earnestness with which this particular subject of contention has been urged at the bar in argument has induced us to discuss it with greater elaboration than we might otherwise have indulged.

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We need scarcely add that the jurisdiction under discussion is one which should never be rashly asserted, but always with due caution, and with a just regard for the rights of a majority of the corporation of any organized body or society which may have expressed its will as to any matter under consideration within the lawful scope of its charter, constitution or by-laws.

The points of contention raised by the pleadings in this cause may be reduced to two simple inquiries:

(1) Whether the relator has, under the constitution of the Medical and Surgical Society of which he claims to be a member, forfeited his membership, *ipso facto*, by a failure to promptly pay his annual dues to the Treasurer, without regard to *corporate action* by the Society, or notice of such action to the relator.

(2) Whether the action of the Society in declaring such forfeiture or disfranchisement is *regular*, as being in substantial compliance with the constitution or organic laws adopted for the government of its proceedings.

The several articles of the Society's constitution which are pertinent to these inquiries are the following:

"Sec. IV, Art. 8. Every member shall pay into the treasury an annual contribution of six dollars, which shall be due and payable on the first of January of each year; and if it be not paid by the first meeting in April of each year, the defaulter shall *forfeit his membership*, and his name shall be stricken from the roll of members; and of this he shall be duly notified by the Secretary."

Article 35 imposes upon the Treasurer the duty of serving, on or about the beginning of March of each year, a written notice upon every member whose annual dues remain unpaid, calling his attention to the requirements of the foregoing article as to delinquents.

Article 15, Sec. V, declares that "the first regular meeting in April of each year shall be the regular meeting for the revision of the Roll of Members." At this meeting the Treasurer is required to report "the names of all members whose dues for the year have not been paid," and all such names, it is added, "shall be immediately stricken from the Roll," the Treasurer being declared to be "personally responsible to the Society for the dues of all defaulting members not so reported."

Article 36, Section X, relating to the duties and office of Treasurer, more fully prescribes the nature and purpose of this report, as follows:

"Art. 36. He shall *report to the Society*, at the annual meeting for the revision of the roll, *a written statement* of the names of members who are in arrears for the dues of the year, *so that they may be stricken from the roll*, and he shall himself be held personally responsible for the dues of all delinquents whom he fails so to report; but this written statement shall not be spread upon the minutes."

Article 59 provides in detail for the order of business at what is designated as "the regular meeting for the revision of the roll," specifying, among other things, "the Treasurer's report of members in arrears," and "the revision of the roll by the Secretary."

Article 63 declares that any one of these orders of business may be "sus-

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pended at any time by *the vote* of the majority of members present at any meeting."

There are no other articles of the Society's constitution which, in our opinion, materially affect the question under consideration. Those clauses relating to offenses and punishments, constituting Section XII, very clearly embrace only malfeasance in office, and certain acts of unprofessional conduct, upon conviction of which, after formal charge and regular trial, the accused is liable to be reprimanded, suspended or expelled, at the pleasure of the Society.—Art. 47-49. They have no reference to the forfeiture of membership for failure to pay dues. We need not, therefore, consider them in the construction of the articles under immediate consideration.

It is not denied that the relator, Weatherly, was in default by reason of his failure to make punctual payment of his annual dues. It is true that for this he offers an excuse, but with the sufficiency of this we have nothing to do, the merit or demerit of it being a matter within the peculiar cognizance of the Society. Our inquiry is confined to the mere legal construction of the foregoing provisions of the constitution, imposed by this Society upon itself for its own orderly government, and which must be taken as the law of the case, so far as they are violative of no rule of law or canon of reason. In this work of construction, however, there are certain cardinal rules of interpretation which must be constantly kept in mind. No principle, in the first place, is better settled, as a mere axiom of universal application, than that all penal laws and regulations must be strictly construed, especially where they are summary in their character and operate to produce a forfeiture of valuable rights. "The general policy of the law," moreover, as observed by a learned justice speaking for the New York Court of Appeal, in *The People v. The Medical Society of the County of Erie*, 32 N. Y. 187, "is opposed to sharp and summary judgment, where the party whose rights are in jeopardy has no opportunity to be heard in his own defense." This has been properly urged by counsel as a controlling and pivotal principle in the decision of this cause. It is applicable to ordinances of sovereign conventions, constitutions of government, Federal and State, the statute laws of all civil polities, whether republican or monarchical, the ordinances of municipalities, and to the by-laws and regulations of voluntary societies, whether incorporated or unincorporated.

It may be admitted, as argued by appellant's counsel, that the constitution of the Medical Society, now under discussion, is in the nature of a contract between its members, and that they are bound by its provisions by reason of express assent in assuming the obligations of membership. It is equally binding also upon the Society, as such, in its corporate capacity. *White v. Bronnell*, 3 Abb. Pr. (N. Y.) 318, 327. So it may be admitted that it is competent for any member of such association to bind himself by agreement to forfeit his membership upon a specified condition, and that such forfeiture may be made to take effect at a time fixed without special or personal notice to the party in default. A principle somewhat analogous, but far from identical, is settled in the case of mutual insurance companies, where, with few exceptions, the failure of the assured to make punctual

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payment of any premium due upon a policy held by him may by contract be made to operate *ipso facto* as a forfeiture of his entire interest and membership.—*Wheeler v. The Conn. Mut. Life Ins. Co.*, 82 N. Y. 54; *The Ala. Gold Life Ins. Co. v. Thomas*, (MSS.) present term. It is an important qualification, however, that no court will ordinarily adopt such a construction, unless the intention to waive notice may be inferred from uniform custom in the peculiar business, or is clearly expressed by the most unambiguous and explicit language. The question resolves itself, at last, into one of mere construction.

We have examined the constitution of this Society with great care, that we might construe its various provisions in the light of those principles which must ordinarily govern us in arriving at a just and proper conclusion. Our opinion is, that it was never intended by the framers of this instrument that the failure of a member to pay his annual dues should, *ipso facto*, operate as a forfeiture of his membership, but rather as a ground of forfeiture, in the nature of a judgment *nisi* to be made final by the vote of the Society. It is very true that the several articles of the constitution above set forth, exclusive of article 59, might well be construed to have this operation if they stood alone without more. They seem to declare very plainly that such defaulter shall forfeit his membership upon a proper report being made by the Treasurer, at a designated time, when his name shall be stricken by the Secretary from the roll of members, and that he shall be duly notified of this fact by the Secretary.—Articles 8, 15 and 35.

But the constitution of this Society is no exception to the rule that all such instruments, including laws, ordinances and regulations of every kind, must be so construed as to gather the true resultant of intention from all of its various parts *in paria materia*. It is our opinion that article 59 was intended to devolve the consideration of this subject of forfeiture—operating as it does in the disfranchisement of members and the amotion of officers—upon the society as a body in its corporate capacity. The Treasurer, it must be observed, is required to officially report to the Society "a written statement of the names of members who are in arrears for the dues of the year, so that they may be stricken from the roll."—Art. 36, Sec. X. These dues are payable on the first of January of each year, and if not paid by the first of April following, the member is in default. The time for ascertaining and verifying such default is, in our judgment, fixed by the constitution. It must be at a time not prior to the first meeting in April of each year, which is designated as "the regular meeting for the revision of the roll of members."—Articles 15 and 36. There are not less than *ten* separate "orders of business" designated for especial attention at this meeting. The *fifth* in order is the "Treasurer's Report of Members in Arrears," and the *sixth* is the "Revision of the Roll by the Secretary." There are many of these orders of business which manifestly demand the action of the body of the society. This we must know from the commonest knowledge of the rules of parliamentary law, which are presumptively adopted for the orderly administration of business in every association, corporation or voluntary society. It is expressly declared in article 63 that the *suspension* of any

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of these orders must be by the "vote of the majority of the members present at any meeting." As the paramount purpose of this regular meeting is stated expressly to be for the *revision of the roll of members*, based on the treasurer's report of members in arrears, it would be remarkable that so important an order of business should be transacted by the perfunctory action of a clerical officer without the endorsing voice of the society. Especially does this seem reasonable in view of the fact that such order cannot be suspended without corporate action, and in view of the constitutional declaration, made elsewhere, that no member who "stands *charged* with unprofessional conduct, or with *unpaid dues*," shall have the privilege of resigning his membership.—Art. 9, Sec. IV. The law justly regards the substance of things and their legal effect—not mere shadows and similitudes. The necessary legal effect of revising a roll, by dropping a name from it would, in this case, operate in the disfranchisement of a member, and the amotion of an officer. The rule of law is known to be, that this power resides generally in the body of every corporate society, that it is judicial in its nature, and must be exercised by a vote of the society, expressing the corporate will, and ordinarily the records or minutes of the body must show that the requisite steps were taken in compliance with the charter and by-laws of the corporation, after reasonable notice to the party charged, either express or implied.—Wood's Field Corp. § 55; Ang. & Ames Corp. § 420; High on Ex. Rem. § 295; *People v. Amer. Institute*, 44 How. R. (N. Y.) 468; *State v. Med. Society*, 38 Ga. 608; *People v. Mechanics Aid Society*, 22 Mich. 86; *People v. Medical Society*, 32 N. Y. 187; *State v. Milwaukee Cham. Com.* 47 Wis. 670. We have been cited by appellee's counsel to several cases, somewhat analogous to the present one, in which the principles above stated have been adjudged applicable where the names of members have been stricken from the rolls of membership of various clubs and associations for failure to punctually pay their dues in accordance with the provisions of their constitutions declaring membership forfeited for such reason.—*State v. Corteret Club*, 40 N. J. (Law) 295; *Com. v. Georgia Society*, 15 Penn. St. 251; *Delacy v. Neuse River Nav. Co.*, 1 Hawk's (N. C.) 214. In the case last cited it was said by the court: "It is a fundamental principle of our law, and recognized in every court of justice, (and this corporation was a court when passing on the rights of its members) that no man can be condemned or prejudiced in his rights without an opportunity to be heard.'

These principles can not be ignored in construing the various articles of the constitution before us. They are rules of law, of parliamentary usage, of justice and common sense, designed for the impartial protection of all alike. So much are they favored by the law that they must be implied in all cases of doubt. And that which is reasonably implied is as much a part of a constitution, a statute or a by-law, as that which is expressed.—*Ex parte The State of Alabama*, 71 Ala. 371; Potter's Dwar. Stat. 145. The revision of the roll of members must, in our judgment, be the act of the society itself, transacted as any other order of corporate business, by the recorded vote of the body in its corporate capacity, showing the fact that the roll was revised by at least a majority of the members present and con-

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stituting a quorum, voting in the affirmative. The Secretary of the Society, who is the custodian of the roll, and other books, papers and records of the society, except those belonging to the office of Treasurer (Art. 27), is the mere instrument and amanuensis of that body for the accomplishment of the end in view, for which the "regular meeting for the Revision of the Roll" was specially convened, by the organic law itself. It is not impossible that the Treasurer may make a mistake in designating the names of those liable to disfranchisement as defaulters. His memory may be at fault. He may have been guilty of the negligence of a clerical misprision. The fact of non-payment may be controverted, or the party in default may have some excuse as to the merits of which he desires to invoke the judgment of the society in waiver of his delinquency. These matters, we repeat, are subjects of investigation and determination by the corporation itself, whose exclusive privilege and prerogative it is to declare such forfeiture or disfranchisement.—*State v. Carteret Club*, 40 N. J (Law) 295. The clerical work of revision is, in one sense, the act of the Secretary, in as much as the duty of striking off names and the preparation of a revised list are devolved upon him. But the corporate act of revision, which is a legal ratification of the act of the Secretary, is an order of business judicial in its character, and of great importance in its nature and results, and for these reasons, as we have said, must be transacted by the vote of the members in their corporate capacity. This conclusion is in perfect harmony with the settled analogies of law and rules of procedure governing corporate bodies, as we find them generally declared by the text-writers and enunciated by the courts in this country. It would require a clear case, free from all doubt, to induce us to depart from these respectable precedents.

We proceed next in order to consider the questions raised as to the regularity of corporate procedure. We are of opinion that, under the provisions of Article 36 of the Society's constitution, the official report, required to be made by the Treasurer, of all members who are delinquent in the payment of dues, is required to be made in writing, as a necessary basis for the action of the Society. The language of the article is that he "shall report to the Society, at the annual meeting for the Revision of the Roll, a *written statement* of the names of members who are in arrears for the dues of the year, so that they may be stricken from the roll." We have said that the provision was penal, and must be strictly construed. It scarcely needs a strict construction, however, to authorize the conclusion that such statement should not only be in writing, but in the form of an official report, authenticated by the signature of the Treasurer. Such a report involves the statement of a fact in the nature of a charge, which is sufficiently serious in nature to debar the delinquent of the privilege of resigning, and subjects him, if true, to the loss of valuable rights—to disfranchisement as a member, and consequent amotion as an officer. There is, therefore, an idea of grave responsibility attached to such a report, which alone constitutes a sufficient reason for requiring it to be in writing—a form conveying also a suggestion of probable deliberation and verity. The fact that this statement is not permitted to be spread upon the minutes is a strong reason

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why it should be in writing, as the only means of preserving a record or memorial of an important charge, upon which, as we have decided, a vote of the society is required to be taken. We are not permitted to say that a verbal report, without minute or record, will answer, when the constitution requires a report in writing. The case of the *People v. Amer. Institute*, 44 How. Prac. 468, cited by us *supra*, furnishes a striking illustration of how far a respectable court has carried this principle. The defendant corporation was there shown to have adopted Cushing's Manual as its rules of parliamentary government. A member being expelled for using improper language at a meeting of the society, the court, upon his application by *mandamus*, restored him upon the ground of the irregularity of the corporate proceeding by which it was sought to disfranchise him. This defect consisted in the fact that the words used were not *reduced to writing*, and acted upon at the meeting at which they were spoken.

Applying these principles to the present case, the facts show that there was no written statement or report made by the Treasurer of the Society, at the regular annual meeting held in April for the revision of the roll, or at any subsequent meeting. The mere reading of the name of the relator from a book, without more, very clearly was not such a written statement within the meaning of Article 36 of the constitution.

It is also made to appear that there was no vote of the society taken on this subject as required, in our opinion, by the 59th article, to the provisions of which we have above adverted. As to this fact there is no controversy. But it is insisted that the subsequent action of the society, taken on the 26th of April, and on the 3d of May following, was sufficient; at which the forfeiture of the relator's membership was expressly declared by a majority of a quorum of members pesent and voting. These proceedings were, in our opinion, irregular for reasons most obvious.

The rule is settled that all members of a body corporate are presumed to know the time appointed by the charter or by-laws for the transaction of particular business, and, therefore, no special notice is required to be given of such meeting, or of the intention to transact such business.—Dillon Mun. Corp. §§ 200-201; Wood's Field Corp. § 201, p. 314. So it is equally well settled that any corporate body, whether municipal or private, can conduct any business at an adjourned meeting, which could have been done at the original meeting, the former being but a continuation of the latter. Wood's Field Corp. § 203; *Warren v. Mower*, 11 Vt. 385.

It does not appear, however, that any action was taken on the subject of contention at the regular meeting fixed by the constitution for its consideration, nor was the matter adjourned to another day. If either course had been taken, the relator would no doubt be charged with implied or constructive notice of the proceeding, even though he were not personally present. It is no doubt to a case like this that article eight of the constitution is especially applicable, so far as it provides, that when a member's name is stricken from the roll, he shall be notified of the fact by the secretary. It is not contended that the relator, Weatherly, had any personal notice of the proceedings of the society taken on April 26th, or on May 3d

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which sought to effect his disfranchisement and amotion. Nor was he chargeable, as we have seen, with implied notice. These proceedings were, therefore, irregular for want of notice under the principle which we have already announced, supported, as we believe it is, by both reason and authority. They are not, then, binding upon the relator, and must be vacated on the ground of irregularity.

We are not to be considered as deciding any principle which can be construed as denying to the Medical and Surgical Society of Montgomery county the full authority to deal with the relator, or any of its other members, in its own way and according to its own discretion, after due notice and by due course of regular procedure, provided only that their corporate action violates no established rule of law, and is in conformity to the constitution and laws of the society established for its own government. Nor do we intimate any opinion that the power of the society to take action in this matter ceased, because it was not put into exercise at the regular meeting fixed for the revision of the roll. As to this point we decide nothing. Our decision goes no further than to vacate proceedings deemed to be irregular. It does not affect the right to take other proceedings which may be regular, under the principles which we have above announced.

The judgment of the City Court is construed by us to be in full accordance with these views, and it must, therefore, be affirmed, so far as it affects the rights of the relator, Weatherly.

BRICKELL, C. J., dissenting.

DECISION OF THE SUPREME COURT OF THE STATE OF ALABAMA, *ex rel.* J. S. WEATHERLY VS. MEDICAL AND SURGICAL SOCIETY OF MONTGOMERY COUNTY.

Application for Mandamus.

(1) It was held at the last term, in the case between these parties, that the expulsion of the relator from his membership in the defendant society was not in substantial conformity with the requirements of the constitution of the society, and that he was entitled to a mandamus to compel his restoration.

(2) The constitution of an incorporate society or association, and by-laws adopted in conformity with its provisions, so far as they do not contravene any public law or principle of public policy, are alike binding on the socity itself and its several individual members, however inconvenient and embarrassing they may be found in administration.

(3) By the 12th article of the constitution of the defendant society in this case it is provided, that regular meetings of the society "shall be held not less than one in every month, and at such stated times as may from time to time be determined by special ordinance;" and by the 17th article, that special meetings shall be called by the president, "on the written

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request of three members, and also whenever in his judgment it may become expedient to do so," while a special ordinance, which has the "force and effect of a constitutional rule," and is admitted to have been regularly adopted, declares that "no regular meeting shall be held during the months of July, August and September."

(4) The 13th article provides for the election of officers during the ensuing year, at the last regular meeting in December; the 14th, for the installation of officers at the first regular meeting in January; the 15th, that the first regular meeting in April "shall be the regular meeting for the revision of the roll of members;" and the 16th, "that all other regular meetings shal be appropriated to such business and discussions as the society may from time to time determine." The several articles contained in section 14, articles 57-63, prescribe "the order of business" at the several regular and called meetings, "the revision of the roll by the secretary" being fixed for the first regular meeting in April; and the 63d article provides, that any of the orders of business as prescribed "may be suspended at any time by the vote of a majority of the members present at any meeting, but this shall not be construed so as to justify the introduction into any meeting of business which does not properly belong to it, and for which special provision is made in this constitution."

(5) Construing these several provisions together, the court holds, that while the society may, at any meeting set apart for a specified purpose, suspend the prescribed order of business by the vote of a majority of the members present, and postpone the consideration of that business to a future meeting, this can only be done at the meeting for which that particular business is prescribed; and the revision of the roll of members at which the relator's name was struck off, on account of the non-payment of dues, having been done at a meeting called and held in August, to which it was not postponed at the regular monthly meeting in April, that his expulsion was unauthorized and illegal. and he was entitled to a mandamus to compel his restoration to membership.

STONE, C.J.—When a case between these parties was before us at last term we ruled that *mandamus* would lie to compel the restoration of a member of the society, who had been expelled therefrom by an order which did not conform to the constitution and by-laws of the corporation. We held the expulsion in that case was invalid, and that Dr. Weatherly still retained his membership. This conclusion, then expressed, was based upon the requirements of the constitution the society had adopted for its government. Such societies or corporations may make their own constitution and by-laws; and so long as they remain unchanged, each member is alike bound and shielded by them. The society too must observe its own constitution and laws until it changes them in legal form. Of course such constitution and by-laws, to be obligatory, must not contravene public law, nor any principle of public policy. No provision of the constitution or by-laws of this society is objectionable on that score. If any of them are inconvenient, or embarrassing in administration, this furnishes no excuse for disobeying them. It may suggest the expediency of their alteration.

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The constitution of this incorporated society consists of fourteen sections, subdivided into sixty-four articles. By section 5, article 12, it is provided that "the society shall hold regular meetings, not less than one in every month, and at such stated times as may be from time to time determined by special ordinance." The petition avers that the society had adopted an ordinance which was of force, "that no regular meetings of said society shall be held during the months of July, August and September in any year." This case went off in the court below on demurrer to the petition, which was an admission of the truth of its material averments. The 64th article of the constitution had provided that "the provisions of this constitution may be supplemented from time to time by special ordinances; and these ordinances shall have the force and effect of constitutional rules." It is thus shown that no regular meeting of the society could be holden in the month of August. Article 17 of the constitution provides that "the president shall call special meetings of the society on the written request of three members; and also, whenever in his judgment it may become expedient to do so." The vote, or order, expelling Dr. Weatherly from the society, was had and adopted at a called meeting held August 5th, 1883. It is contended for relator that the society had no authority to make such order at such meeting.

Section 5, article 13, declares that "the last regular meeting of December of every year shall be the annual meeting for the election of officers." Article 14 declares that "the first regular meeting in January of every year shall be the anniversary meeting of the society; the meeting for the installation of officers," etc. Article 15: "The first regular meeting in April of every year shall be the regular meeting for the revision of the roll of members. At this meeting the Treasurer shall report the names of all members whose dues for the year have not been paid, and all such shall be immediately stricken from the roll; and furthermore the Treasurer shall be personally responsible to the society for the dues of all defaulting members not so reported." In article 16 it is provided that "all other regular meetings shall be appropriated to such business and discussions as the society may from time to time determine."

For relator, it is contended that the provisions of article 15, so far as the same relates to the time when such action can be had, are mandatory, and can not take place at any other meeting In support of this it is urged that the proceeding is highly penal, and must be strictly followed.—*Treasurer v. Higgins*, 8 Ala. 440; *Thames Manufacturing Co. v. Lathrop*, 7 Conn. 550; *Sherwood v. Reade*, 7 Hill, 431; Sedgwick Stat. & Con. Law, 302; *State Auditor v. Jackson county*, 65 Ala. 142. Against this view it is urged that the provisions as to time are merely directory, and the revision of the roll may take place at any later meeting. This question was not raised on the former appeal, and as to it we then decided nothing. We need not, and do not now decide what would be our ruling, if the provisions of the constitution, copied above, stood alone for our guide. They do not stand alone. Section 14 of the constitution prescribes "the order of business," for certain named monthly meetings. Article 57 declares the order of business at

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the last regular meeting in December—the meeting for the election of officers. Article 58 prescribes the order of business for the regular meeting in January—the meeting at which the officers are installed. Article 59 declares the order of business at the first regular meeting in April, and among them is the "Revision of the Roll by the Secretary." This is found in no other order of business. There is then given, in articles 60 and 61, orders of business for the remaining regular meetings, and for the called meetings, in neither of which is any reference made to the election of officers, to their installation, nor to the revision of the roll by the Secretary.

Article 63 is in the following language: "Any of the orders of business specified in this section, (section 14, in which are all the directions relating to the order of business), may be suspended at any time by the vote of the majority of members present at any meeting. But this article shall not be construed so as to justify the introduction into any meeting of business which does not properly belong to it, and for which special provision is made in this constitution."

Under the article last copied it was competent for the society at any of the meetings set apart for a specified purpose, to suspend the order of business, by the vote of a majority of the members present. To accomplish this, however, the vote must have been taken at the meeting which had been set apart for the consideration of that particular business. To illustrate: during the last regular meeting in December, the society, by a vote, may suspend the election. So, during the first regular meeting in April, by a like vote, it may suspend the revision of the roll of members. But if not suspended during the term appointed for its consideration, can it be considered afterwards? The article under discussion answers the question. It declares two limitations on this right of suspension. The first prohibits the introduction into any meeting of business which does not belong to it. The Treasurer's report of members in arrears and revision of the roll by the secretary, are not named in the order of business for called meetings, and therefore, they can not be said to belong to a called meeting. It would seem that business which belongs to the first regular meeting in April, can not belong to a called meeting in August, unless there was a vote taken at such regular meeting in April, suspending the order of business for that session. The second limitation is more emphatic. It forbids the introduction of business at one meeting for which special provision is made in the constitution for another meeting. Now, special provision is made in the constitution for revision of the roll of members, at the first regular meeting in April; and this service not belonging to a called meeting in August, it falls directly within the prohibition expressed in section 63 of the constitution.

The society had no authority to consider the question of the revision of the roll of members, except at the first regular meeting in April, unless there had been a suspension of that order by a vote taken during such first regular meeting in April; and even then it would be irregular to consider the question at a called meeting, unless the consideration had been sus-

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pended and adjourned from the regular meeting to such called meeting. The result is, the relator is entitled to the relief he prays for.

It is ordered that a copy of this opinion be certified to the Medical and Surgical Society of Montgomery county, Alabama; and unless the order heretofore made by said society, expelling the relator, J. S. Weatherly, from membership, be rescinded, and he be restored within forty days after the making of this order, a peremptory writ of mandamus will be awarded.

Let the cost of this proceeding in the court below, and in this court, be paid by the respondent society.

Clopton, J., not sitting.

QUESTIONS USED BY THE MEDICAL EXAMINING BOARD OF VIRGINIA, APRIL, 1885.

I. CHEMISTRY.

Examining Committee—Drs. Lewis, Nelson, Peek, Dickinson.

Question 1. Give the process of the reduction of *aluminium*, its specific gravity, its point of fusion, its solvents, its physical properties. Name its medicinal salts and their therapeutic uses.

Ques. 2. Give the process of the manufacture of sulphuric acid from *bisulphuret of iron*. Give the symbols for Nordhausen and for anhydrous sulphuric acid.

Ques. 3. Give the process for the reduction of iron: the difference between cast-iron, wrought-iron and steel, and the two most delicate tests for the salts of iron.

Ques. 4. Take the stomach of a man supposed to have been poisoned with strychnia, carbolic acid, oxalic acid, arsenic, and give the whole process for testing for each of these substances.

Ques. 5. Test some well-water for the albuminoids, chlorides, sulphates; for iron, lime, potash, soda and lead. What would a large quantity of chlorine probably indicate?

Ques. 6. Give the antidotes for the salts of arsenic, lead, copper, zinc, antimony, and the modes of preparing each of these antidotes.

II. ANATOMY.

Examining Committee.—Drs. Cunningham, McGuire, Lankford, Huffard.

Question 1. General composition, structure and mode of nutrition of bone; classification of bones, and examples of each kind.

Ques. 2. Describe hip, elbow and occipito-axoid joints.

Ques. 3. Anterior abdominal muscles and relations of the hernial rings.

Ques. 4. Locate and describe the valves of the heart, and give outline of the portal circulation.

Ques. 5. Subdivisions and relations of the different parts of the alimentary canal.

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Ques. 6. General and descriptive anatomy of the kidneys.

Ques. 7. Cranial nerves, number, mode of exit and function.

Ques. 8. Membranes of the brain and cord, number and relations of same.

III. HYGIENE.

Examining Committee—Drs. Claiborne, Cullen, Carmichael, Wiley.

Question 1. Name some of the diseases preventable by sanitary regulations, and other diseases lessened in violence.

Ques. 2. Give different modes of disinfecting bedding, buildings and cisterns; and name the best disinfectants in use.

Ques. 3. What are the effects of impure water and of impure meat taken into the stomach, and how manifested?

Ques. 4. What are the effects of alcohol at different ages of life as a beverage in health and in disease?

IV. PHYSIOLOGY.

Examining Committee.—Drs. Black, Robinson, Crenshaw, Dabney.

Question 1. Describe the various secretions concerned in digestion, their source, and what elements of food each digests?

Ques. 2. What nerves are concerned in the contraction of the iris?

Ques. 3. Describe the nerves in their distribution to the recti and oblique muscles of the eye.

Ques. 4. State quantity of urea secreted in twenty-four hours, and sources from which it is derived.

Ques. 5. What are the functions of the red and white corpuscles of the blood; also what length of time is required for the blood to make the entire circuit of the system?

Ques. 6. What are the physiological factors in the production of heat in the human body, and from what points is it mainly eliminated?

Ques. 7. State the functions of the gray and white matter of the spinal cord; the course of the sensory and motor impressions, and name the centres in the spinal cord?

Ques. 8. What are the functions of the cerebellum?

V. MATERIA MEDICA AND THERAPEUTICS.

Examining Committee—Drs. Preston, Conway, Stockdell, Neff.

Question 1. Give origin, uses. and different preparations of ipecac.

Ques 2. Give origin, uses, and antidotes of opium.

Ques. 3. Give antidotes for strychnia, arsenic and lead poisoning.

Ques. 4. What are counter-irritants, and their therapeutic uses.

Ques. 5. Give doses of different tinctures aconite, tincture veratrum viride, with common name and nativity of the last named drug.

Ques. 6. Describe most important preparations of mercury with dose of each.

Ques. 7. What is the most important therapeutical application of mercury?

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Ques. 8. What is massage? Give its therapeutics.

Ques. 9. Give dose infusion digitalis, liquor potassæ arsenitis, dilute hydrocyanic acid, oleum tiglii.

Ques. 10. Give rate of dosage for children.

Ques. 11. Ergot, its preparations and their uses and doses.

Ques. 12. Origin and uses of atropia.

Ques. 13. Give origin and uses of salicin.

Ques. 14. Digitalis, its nativity, effects on system, dose of tincture.

Ques. 15. Give for prescription for castor oil emulsion.

VI. OBSTETRICS.

Examining Committee—Drs. Alex. Harris, Walker, Douglas, Finney.

Question 1. What is the period of gestation and how calculated?

Ques. 2. What is natural labor, its usual duration, and stages? And what the duties of the physician when called to a supposed case of labor?

Ques. 3. What is placenta previa, how determined, and how treated?

Ques. 4. What is post partum hemorrhage, its causes and treatment?

Ques. 5. At what period of labor and in what character of cases should ergot be administered?

Ques. 6. In threatened abortion, with hemorrhage, what should be done?

VII. PRACTICE OF MEDICINE.

Examining Committee—Drs. Martin, Brown, Patterson, W. J. Harris.

I.

1. Causes of cirrhosis of the liver?
2. Causes of true croup?
3. Causes of remittent fever?
4. Causes of acute pericarditis?

II.

1. Pathology of epilepsy?
2. Pathology of acute pneumonia?
3. Pathology of diphtheria?
4. Pathology of apoplexy of the brain?

III.

1. Symptoms of epidemic cerebro-spinal meningitis?
2. Symptoms of acute dysentery?
3. Symptoms of measles?
4. Symptoms of acute rheumatism?

IV.

1. Diagnosis of true croup?
2. Diagnosis of scarlet fever?
3. Diagnosis of cholera infantum?
4. Diagnosis of typhoid fever?

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V.

1. Treatment of chorea?
2. Treatment of cholera morbus?
3. Treatment of diphtheria?
4. Treatment of acute pleuritis?

VIII. SURGERY.

Examining Committee—Drs. Latham, Greer, Meriwether.

I.

1. Causes of septicæmia?
2. Causes of erysipelas?
3. Causes of hemorrhoids?
4. Causes of hip joint disease?

II.

1. Pathology of gonorrhœa?
2. Pathology of glaucoma?
3. Pathology of stricture of urethra?
4. Pathology of caries?

III.

1. Symptoms of sub-coracoid dislocation?
2. Symptoms of otitis media?
3. Symptoms of Colles fracture?
4. Symptoms of aneurism?

IV.

1. Diagnosis of acute intestinal strangulation?
2. Diagnosis of dislocation of femur on dorsum ilii?
3. Diagnosis of hydrocele?
4. Diagnosis of direct inguinal hernia?

V.

1. Treatment of fracture of clavicle?
2. Pirogoff's operation on foot?
3. Ligation of subclavian?
4. Treatment of penetrating wounds of the chest?

The plan of the examination was as follows:

1. All the questions were either written or printed.
2. All answers were required to be in writing.
3. The place of graduation of the applicant was known only to the President and Secretary of the board to whom "applications" were made, and by whom "permits" were given.
4. The committee on each branch had charge of the examination room

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during the examination on that branch, and each committee formulated the questions and valued the answers on its branch.

5. Each committee, after valuing the answers of the different applicants, reported in writing to the President of the board the standard attained by each applicant. When all the committees had reported, the values attained by each applicant on each branch were added up by the President and Secretary, and an average struck. In this way, the examiners on one branch did not know the standing of an applicant on any other branch.

All applicants who attained to the standard of seventy-five per cent. on their examinations were considered to have passed a *satisfactory* examination, and were furnished with a certificate to that effect. Those who fell below seventy-five on their examinations were considered to have passed an *unsatisfactory* examination, and were so notified. All rejected applicants were notified that they could apply for examination again after three months time, as provided in the law.

Twenty-eight applicants have stood the State examination up to this time, all but two being graduates. Of this number twenty-one passed a satisfactory examination, and seven were rejected.

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THE ACTION OF THE ASSOCIATION ON THE REPORT OF THE BOARD OF CENSORS.

The Senior Censor read the Report of the Board of Censors and Committee of Public Health by the several sections separately for the consideration of the Association. In this way the following votes were taken:

(1) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the Coosa County Medical Society be approved by the Association, and that they be discharged from further investigation of it.

The motion was unanimously adopted.

(2) It was moved by the Senior Censor, that the recommendation of the Board of Censors in regard to the Crenshaw County Medical Society be approved by the Association, and that a further continuance of the investigation be continued another year.

The motion was unanimously adopted.

(3) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the Lawrence County Medical Society be approved by the Association, and that it be retained on the roll and the Board of Censors be discharged from the further consideration of it.

The motion was unanimously adopted.

(4) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the Greene County Medical Society be approved by the Association, and that the further consideration of the surrender of its charter be postponed until the next annual session of the Association; and that in the mean time the proper officers of the Association shall take the matter in hand and endeavor to make some arrangement by which the Greene

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County Medical Society may be continued as a member of our organization, be approved by the Association.

The motion was unanimously adopted.

(5) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to suggestions for the Register be approved by the Association; and that the secretaries of county medical societies be required to include these additional data in their annual reports; and that the Secretary of this Association shall likewise include these additional data in the Annual Register published in our Transactions.

The motion was unanimously adopted.

(6) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the Transactions on hand be approved by the Association, and that they be authorized to appeal to members of the Association for contributions of such surplus copies as they may happen to have on hand, be approved by the Association.

The motion was unanimously adopted.

(7) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the accumulated volumes of exchanges be approved by the Association; and that they be authorized to have constructed a proper catalogue of the publications on hand; and, also, an exchange list; and to do whatever may be expedient to supply missing volumes in the files of our exchanges.

The motion was unanimously adopted.

(8) It was moved by the Senior Censor, that the recommendation of the Board of Censors in regard to contributions to the library be approved by the Association, and that they be authorized to appeal to the medical profession of the State for contributions to it.

The motion was unanimously adopted.

(9) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the first amendment to the constitution which proposes to extend the term of office of the President to three years, be placed

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on the calendar, so that it may be called up hereafter, and that the further consideration of it be postponed, be approved by the Association.

The motion was unanimously adopted.

(10) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the second amendment to the constitution, which proposes to extend the terms of the Vice-Presidents to two years, and arrange the election so that only one vacancy will occur annually by expiration of term, be approved by the Association.

The motion was unanimously adopted.

(11) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the third amendment to the constitution, which proposes to repeal the rule which provides, that the same person shall not be eligible for the presidency for two successive terms, be approved by the Association.

The motion was unanimously adopted.

(12) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the Louisville Medical College, restoring it to the list of reputable medical colleges, and instructing medical examining boards to recognize its diplomas as they do other colleges, be approved by the Association.

The motion was unanimously adopted.

(13) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the dispensation for the Henry County Medical Examining Board be approved by the Association, and that the board of medical examiners of Henry county be authorized to conduct the examination in this case.

The motion was unanimously adopted.

(14) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to correspondents who have first served ten years in the college of counsellors, and who have been transferred to the roll of correspondents under the constitutional provision to that

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effect, allowing them to wear the badge of the Grand Senior Counsellors, be approved by the Association.

The motion was unanimously adopted.

(15) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the authority granted them at the session held last year, to call a convention of all persons interested in the sanitary questions—that is to say, a sanitary convention of the people; and that the authority given last year in regard to this matter, be continued indefinitely, be approved by the Association.

The motion was unanimously adopted.

(16) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the communication of the New Jersey Medical Society in reference to the preliminary examination of persons who propose to begin the study of medicine, and that in reply our Association express its hearty sympathy with the New Jersey Medical Society in their effort to improve the general standard of education as a preliminary to engaging in the study of medicine; and at the same time call attention to what we have ourselves done in regard to Alabama, be approved by the Association.

The motion was unanimously adopted.

(17) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the communication of the Sanitary Council of the Mississippi Valley, requesting this Association to join in a petition to the President of the United States urging him to place the management of the epidemic fund in the hands of the National Board of Health; that this Association and the State Board of Health shall adhere to its established policy of neutrality, and that said sanitary council be so notified, be approved by the Association.

The motion was unanimously adopted.

(18) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the annual

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report of the Secretary be approved by the Association with the proviso that, in the report of the minutes of the special session of the Board of Censors and the College of Counsellors, held in Montgomery on the 29th of January last, the report of the discussion shall be stricken out, as already ordered by the Association, be approved by the Association.

The motion was unanimously adopted.

(19) It was moved by the Senior Censor that the recommendation of the Board Censors in regard to several entries in the Book of the Rolls, now several years in arrears, be posted up to date, and that the Secretary be instructed to proceed at once to the work, be approved by the Association.

The motion was unanimously adopted.

(20) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the annual report of the Treasurer, with the accompanying vouchers, be approved by the Association.

The motion was unanimously adopted.

(21) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the books and accounts of the Treasurer, be approved by the Association.

The motion was unanimously adopted.

(22) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the Roll of Correspondents, placing upon the list Drs. William Henry Anderson, of Mobile; Thomas Childress Osborn, of Cleburne, Texas; and Caleb Toxey, of Mobile, be approved by the Association.

The motion was unanimously adopted.

(23) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the medical societies of Clarke, Coffee and DeKalb, granting charters to the same, be approved by the Association.

The motion was unanimously adopted.

(24) It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the applica-

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tion for charter of the medical society of Cullman county, that final action on the application be deferred until the next annual session, be approved by the Association.

The motion was unanimously adopted.

It was moved by the Senior Censor that the report of the Board of Censors and Committee of Public Health as a whole, be approved by the Association.

The motion was unanimously adopted.

THE REVISION OF THE BOOK OF THE ROLLS.

The President called attention to the great importance of the business next in order, namely, the Revision of the Book of the Rolls.

It is the peculiar characteristic of our organization that when any duty is required, whether of the auxiliary societies or of the counsellors, annual reports as to the performance or non-performance of such duty, are also required.

The Association insists on knowing how her delegated work is done. She will always find means to reward the good and faithful servant; while her duty to herself and to the State demands that all county societies which are negligent of their duties, and all delinquent counsellors, shall be at once cut off from her communion. This end is what is aimed at in the revision of the rolls, to which we now proceed.

(1) THE REVISION OF THE ROLL OF COUNTY SOCIETIES.

The roll of the County Medical Societies was called in order, and all of them being satisfactorily accounted for by delegates, or by counsellors, by annual reports submitted, and payment of dues, were favorably passed upon, except the following, namely:

The Blount County Medical Society.

This society sent in its annual report and paid the dues

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as required by the rules of the association, but failed in representation at the Greenville session. The status and work of this society not proving satisfactory, it was ordered to be investigated by the Board of Censors.

The Chilton County Medical Society.

This society had no representation at the Greenville session, and neither dues or annual report was received from it. It was therefore ordered to be investigated by the Board of Censors.

The Colbert County Medical Society.

This society failed both in representation, in its annual report, and payment of dues at the Greenville session. Having been negligent of its duties for several successive sessions; and having been more than once referred to the Board of Censors for investigation, it again presents the same incompleteness, and is so weighted down with errors as to invite attention. It was therefore referred to the Board of Censors for investigation. [Since the adjournment of the last session, this society has sent up its annual report, but no dues have been received from it.—SECRETARY.]

The Crenshaw County Medical Society.

This society was ordered to be investigated by the Board of Censors at the Selma session for failing to comply with the rules of the Association as to annual report, to representation and payment of dues. The status and work of the society still remaining unsatisfactory, the investigation was continued another year.

The Greene County Medical Society.

This society tendered the resignation of its charter at the Greenville session. Upon the recommendation of the Board of Censors, the further consideration of the surrender of said charter was postponed until the next annual session.

The Lawrence County Medical Society.

This society was ordered to be investigated by the Board of Censors at the Selma session for failing to comply with the rules of the Association as to annual report, to representation and payment of dues. This year it sent in its

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annual report, but again failed in representation and payment of dues. The status and work of this society having been ascertained to be reasonably satisfactory, it was ordered to be retained on the roll.

The following County Medical Societies, viz:

The Clarke County Medical Society,

The Coffee County Medical Society,

The DeKalb County Medical Society,

Having been granted charters upon the recommendation of the Board of Censors, were ordered to be added to the roll of County Medical Societies.

The roll of the County Medical Societies was closed until the annual session of the Association in 1886.

(2) THE REVISION OF THE COLLEGE OF COUNSELLORS—THE GRAND SENIOR COUNSELLORS.

All the Grand Senior Counsellors were satisfactorily accounted for, and were ordered to be retained on the roll, except the following, namely:

Dr. William Henry Anderson, of Mobile, Grand Senior Counsellor of 1873, tendered his resignation by reason of impaired health. The resignation was accepted, and his name ordered struck from the roll.

Edmund Pendleton Gaines, M. D., of Mobile, Mobile county, Grand Senior Counsellor of 1873, having died during the year, his name was ordered struck from the roll, and his biography inserted in the book of the dead.

Dr. Caleb Toxey, of Mobile, Mobile county, Grand Senior Counsellor of 1873, was reported as having been absent from three successive sessions, and his name ordered struck from the roll.

The date of election of Dr. Lucius Ernest Starr, of Camden, Wilcox county, Grand Senior Counsellor, is a mistake. It should have been 1874 instead of 1873, as printed. The necessary correction was ordered to be made.

SENIOR COUNSELLORS.

Dr. Joseph Bevans, of Gadsden, Etowah county, Senior

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Counsellor of 1878, was reported as delinquent of dues for 1884. His name was ordered struck from the roll.

The date of election of Dr. John Alexander McKinnon of Selma, Dallas county, Senior Counsellor, is a mistake. It should have been 1876 instead of 1874, as printed. The necessary correction was ordered to be made.

Dr. Charles Peak Sanders of Pleasant Ridge, Greene county, Senior Counsellor of 1879, tendered his resignation by reason of impaired health. The resignation was accepted, and his name ordered struck from the roll.

JUNIOR COUNSELLORS.

Dr. Richard Nathaniel Hawkins, of Montevallo, Shelby county, Junior Counsellor of 1882, was reported as delinquent of dues for 1884. His name was ordered struck from the roll.

Dr. Isaac DuBose Morgan, of Eutaw, Greene county, Junior Counsellor of 1880, tendered his resignation. The resignation was accepted and his name ordered struck from the roll.

Dr. William Templeton Sawyer, of Whistler, Mobile county, Junior Counsellor of 1882, was reported as having been absent for three successive sessions, and his name ordered struck from the roll.

Dr. Samuel Parish Smith, of Prattville, Autauga county, Junior Counsellor of 1881, tendered his resignation on account of impaired health. The resignation was accepted and his name struck from the roll.

Dr. Charles McAlpin Watson, of Eutaw, Greene county, Junior Counsellor of 1883, was reported delinquent of dues for 1884. His name was ordered struck from the roll.

The name of Dr. James Grey Thomas, of Mobile, Mobile county, Junior Counsellor of 1880, was unintentionally omitted in the revised roll of 1883-4. The necessary correction was ordered to be made.

The names of Drs. Richard Mathew Fletcher, of Madison

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Station, Madison county, and William Fletcher Thetford, of Boligee, Greene county, Junior Counsellors of 1881, were unintentionally omitted in the revised roll of 1883-4. The necessary corrections were ordered to be made.

The following Counsellors elect having signified their acceptance and paid the dues, their names were ordered to be added to the roll under date of 1884:

Gunn, James Hamlin, Calera, Shelby county.
Huger, Richard Proctor, Anniston, Calhoun county.
Huggins, Jacob Newbern, Hale county.
Jones, John Paul, Camden, Wilcox county.
King, Goldsby, Selma, Dallas county.
Searcy, James Thomas, Tuskaloosa, Tuskaloosa county.
Trent, Powhatan Green, Rock Mills, Randolph county.
Williams, Charles Washington, Allsborough, Colbert county.

The secretary announced that there were nine vacancies in the College of Counsellors, whereupon the ballot was ordered and resulted in the following selections to fill the vacancies:

Bragg, Shirley, Lowndesboro, Lowndes county.
Goodwin, Albert, Eufaula, Barbour county.
Herbert, Custis Burke, Greenville, Butler county.
Inge, William Tutwiler, Mobile, Mobile county.
Kendrick, Joel Bedar, Greenville, Butler county.
Lowery, Samuel Henry, Huntsville, Madison county.
Nicholson, Edward Pierson, Valley Head, DeKalb county.
Norris, George Calvin, Wadsworth, Autauga county.
Whelan, Charles, Birmingham, Jefferson county.

The six Senior Counsellors whose names here follow, having served the Association as such for ten successive years, were ordered transferred to the roll of Grand Senior Counsellors:

Abernethy, William Henry, Sedan, Wilcox county.
Gaston, John Brown, Montgomery, Montgomery county.
Hogan, Samuel Mardis, Union Springs, Bullock county.
Johnston, William Henry, Selma, Dallas county.
Parke, Clifford Daniel, Selma, Dallas county.
Seelye, Samuel Dibble, Montgomery, Montgomery county.

The twelve Junior Counsellors, whose names here follow, were elected at the Huntsville session, 1880, and having

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served as such for five consecutive years, were ordered to be transferred to the roll of Senior Counsellors:

Barclay, James Paxton, Eutaw, Greene county.
Brown, George Washington, Pratt Mines, Jefferson county.
Brown, Pugh H., Troy, Pike county.
Cason, Davis Elmore, Ashville, St. Clair county.
Hayes, Robert Hughes, Union Springs, Bullock county.
McAllister, William Thomas, Marion, Perry county.
Peterson, Francis Marion, Greensboro, Hale county.
Rorex, James Polk, Scottsboro, Jackson county.
Sholl, Edward Henry, Birmingham, Jefferson county.
Thomas, James Grey, Mobile, Mobile county.
Wall, Conrad, Forest Home, Butler county.
Wright, Milton Roil, Gadsden, Etowah county.

The roll of the College of Counsellors was here closed until the next annual session of the Association, 1886.

(3) THE REVISION OF THE ROLL OF CORRESPONDENTS.

The secretary announced the death of Dr. Francis Armstrong Ross, of Mobile, elected at the Selma session, 1884. His name was ordered struck from the roll.

On recommendation of the Board of Censors, there were added to the roll of correspondents the names of William Henry Anderson, M. D., of Mobile; Thomas Childress Osborn, M. D., of Cleburne, Texas, and Caleb Toxy, M. D., of Mobile.

The secretary was instructed to notify Drs. Anderson, Osborn and Toxy of their election.

The following letter was received and read by the secretary:

WHITE SULPHUR SPRINGS, M. T., April 6th, 1885.

T. A. Means, M. D.:

DEAR DOCTOR—As the time of the annual meeting of the Medical Association of the State of Alabama draws near—although I am denied the pleasure of meeting with you, yet I cannot deny myself the gratification to remind the Association that the many delightful and profitable hours I have enjoyed at its annual meetings, occupy in my memory the very highest place, and I beg you to tender to the Association my warmest wishes for its continued success and the consummation of its highest aims in the near future.

Accept my thanks for the last volume of the Transactions, which, like its predecessors, is full of good things. If my life is spared, I may ere long

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present to the Association some matters of interest to medical men in connection with this climate and high altitude.

Sincerely yours, GEO. E. KUMPE, M. D.

The roll of correspondents was here closed until the next annual meeting of the Association, 1886.

(4) THE REVISION OF THE ROLL OF OFFICERS.

The secretary announced the following vacancies in the roll of officers, namely:

One president, one vice-president for two years, one vice-president for one year, two members of the board of censors and committee of public health for five years, one censor for three years, one orator, and one alternate orator; whereupon the ballot was ordered and resulted in the following selections to fill the several positions, namely:

President—Francis M. Peterson, M. D., Greensboro.

First Vice President—Lucius E, Starr, M. D., Camden.

Second Vice President—Richard M. Fletcher, M. D., Madison Station.

The Board of Censors and Committee of Public Health—John Jefferson Dement, Huntsville, for five years; George Augustus Ketchum, Mobile, for five years; Benjamin Hogan Riggs, Selma, for three years, to fill the unexpired term of Dr. Francis Marion Peterson.

Orator—Shirly Bragg, M. D., Lowndesboro.

Alternate Orator—Edward Davies McDaniel, M. D., Camden.

The roll of officers was here closed until the next annual meeting of the Association, on the second Tuesday in April, 1886.

MISCELLANEOUS BUSINESS.

On motion, Anniston, Calhoun county, was selected for holding the next annual session of the Association, in April, 1886.

At the close of the reading of the report of the Board of

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Censors and Committee of Public Health, Dr. Edward H. Sholl, of Birmingham, Jefferson county, read the following amendment to the constitution, prepared by Dr. Edward D. McDaniel, of Camden, Wilcox county:

Be it ordained by the Medical Association of the State of Alabama, That an additional class of Counsellors be created and recognized as Emeritus Life Counsellors, said Counsellors to be composed of those who shall have been in regular succession Junior Counsellors, Senior Counsellors and Grand Senior Counsellors, and who shall regularly have become Grand Life Counsellors, after having filled the term of five years as Grand Senior Counsellors, or who, in consideration of special services, of advancing age or other cause, or causes satisfactory to the Association, shall be elected to said class; and that this class of Emeritus Life Counsellors be exempt from the payment of any dues, from compulsory attendance upon the meetings of the Association, and be entitled to wear the badge obtained by them as Grand Senior Counsellors, and to all the rights and privileges of other Counsellors; and that the number of Counsellors be one hundred over and above the said grade of Emeritus Life Counsellors.

Lies over for one year as provided in section xvii, article 89 of the constitution, page 18, Book of the Rules.

Dr. Jerome Cochran offered the following resolutions:

(1) That action of the Association at Selma last year in the adoption of what was known as the button badges be rescinded.

(2) That the Association adopt for ordinary use the rose badges which he described– a white rose for the Junior Counsellors a yellow rose for the Senior Counsellors and a red rose for the Grand Senior Counsellors.

Dr. Cochran explained that the button badges had not proven satisfactory; the Association had made a mistake, and the sooner it was put right the better. He did not mean to find fault with anybody. Indeed, he was himself a member of the committee that recommended the buttons, and was as much to blame as anybody.

The resolutions were adopted.

On vacating the chair, President Riggs, said:

That he had not words sufficient to thank the Association for the kindly appreciation it had shown of his efforts to discharge his duty as a member. It had been exceedingly generous to him. In reviewing the past sixteen years he finds that he has had, at different times, been called upon to fill every office in its gift, save those of Treasurer and State Health Officer; he felt that the measure of his ambition had been filled up to the brim, and

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that his deserts had been flatteringly appreciated. His devotion to the work and the high aspirations of the Association were not a whit abated; and he proposed, as long as life lasted, to be among the workers under the banner whose motto was, "*Nos Etiam Speravimus Meliora.*"

He thanked the members of the convention for their courteous attention and patient forbearance with his shortcomings as their presiding officer. He could congratulate them on the successful and harmonious session; their decorum and attention had been the subject of favorable comment by strangers happening to be present on this occasion.

The President elect, Dr. Francis M. Peterson, of Greensboro, Hale county, not being in attendance on this session, Drs. Lucius E. Starr, of Camden, First Vice-President, and Richard M. Fletcher, of Madison, Second Vice-President, were escorted to the rostrum by Drs. John J. Dement, of Huntsville, and Clifford D. Parke, of Selma, and introduced to the Association by the retiring President, Dr. Benj. H. Riggs, in a few brief words.

Drs. Starr and Fletcher, in turn, thanked the Association for conferring the honors that they had this day received.

Dr. Starr, on taking the chair, said:

Gentlemen of the Medical Association:

In bestowing the Presidency on Dr. Francis M. Peterson I feel that you could not have placed your honors on a worthier member, or one whose appreciation would be greater. For him I thank you.

On motion of Dr. Jerome Cochran, of Mobile, the Association adjourned without day.

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THE ANNUAL REGISTER

OF THE

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

17

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THE BOOK OF THE ROLLS OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

INTRODUCTION.—No one can form a just estimate of the labor forced upon the Secretary by the imperfect reports sent in by county societies. Almost without exception these returns have to be rewritten, revised and corrected from first to last.

If secretaries of county societies would take the trouble to copy the form published in each volume of the Transactions, little trouble would follow in making these annual reports correct. He can not be made responsible for mistakes in dates, names and post-offices, nor in colleges of graduation. Let secretaries see to it, then, that they send in their reports absolutely correct.

THE ROLL OF THE COUNTY MEDICAL SOCIETIES.

REVISION OF 1885.

AUTAUGA COUNTY MEDICAL SOCIETY.

President—Green H. Thompson, M. D., Autaugaville.
Secretary—Thomas G. Howard, M. D., Mulberry.
President of the Board of Censors—Archibald S. McKeithen, M. D., Prattville.
County Health Officer—Samuel P. Smith, M. D., Prattville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Davis, John Wilson, Atlanta medical college, 1859, Prattville.
Edwards, Charles Alva, Memphis medical college, 1849, Prattville.
Golson, Wyatt Washington, medical college of South Carolina, 1854, Autaugaville.
Howard, Thomas Greenwood, Washington university, Baltimore, 18—, Mulberry.
McKeithen, Archibald Smith, medical college of Virginia, 1860, Prattville.
Sadler, William Fisk, college of physicians and surgeons, Baltimore, 1880, Autaugaville.
Thompson, Green Hill, medical college of Alabama, 1860, Autaugaville.
Wilkinson, John Edward, university of Louisiana, 1868, Prattville.
Membership—8.

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HONORARY MEMBER.

Dr. Charles Malone Howard, graduate of the medical college of South Carolina, 18—, Mulberry.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Howard, Charter Campbell, medical college of Georgia, 1841, Autaugaville.
Pope, Willis, Jefferson medical college, 1855, Vineton.
Sherrell, James L., university of Pennsylvania, 18—, Vine Hill.

Removed from the county—Dr. James F. Moore, formerly of Autaugaville, to Belmont, Sumter county.

There are no irregular practitioners in the county.
No deaths.

BARBOUR COUNTY MEDICAL SOCIETY.

President—Simon A. Holt, M. D., Eufaula.
Secretary—Junius K. Battle, M. D., Eufaula.
President of the Board of Censors—Simon A. Holt, M. D., Eufaula.
County Health Officer—Albert Goodwin, M. D., Eufaula.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Battle, Junius Kincaid, university of Louisiana, 1883, Eufaula.
Clarke, James Wesley, Kentucky school of medicine, 1878, Harris.
Copeland, William Preston, Bellevue Hospital medical college, 1870, Eufaula.
Davie, Judson, Georgia medical college, 1872, Cowikee.
Drewry, John Wallace, Jefferson medical college, 1849, Eufaula.
Goodwin, Albert, university of Louisville, 1873, Eufaula.
Holt, Simon Augustus, university of New York, 1858, Eufaula.
Johnston, Egbert Beall, medical college of South Carolina, 1852, Eufaula.
Johnston, Egbert Burr, medical college of Alabama, 1883, Eufaula.
Martin, James P., Bellevue Hospital medical college, 1883, Louisville.
Mitchell, William Augustus, university of Louisiana, 1868, Eufaula.
Patterson, Thomas, Atlanta medical college, 1869, Louisville.
Warren, Monroe, university of Louisiana, 18—, Clayton.
Winn, James Julius, Atlanta medical college, 18—, Clayton.

HONORARY MEMBERS.

Bledsoe, Francis M., Jefferson medical college, 1859, Georgetown, Georgia.
Heron, Edward M., medical college of South Carolina, 1832, Louisville.

Membership—16.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Battle, Joseph Thomas, Georgia medical college, 1868, Hawkinsville.
Blair, Henry William, Atlanta medical college, 1880, Louisville.
Carter, William W., Jernigan.

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Cross, J. E., Georgia medical college, 1853, Clayton.
Bingham, Faulk, Elansville.
Johnson, Thomas Abner, university of Tennessee, 1880, Eufaula.
Moye, William R., National medical college, Washington, D. C., 1859, Clayton.
Prewett, James Henry, medical department university of New York, 1868, Harris.
Turner, Alexander, medical college of South Carolina, 1857, White Oak.
Walden, William P., medical college of Alabama, 18—, Cotton Hill.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Reynolds, John Augustus, (botanic) Ohio medical college, 1845, Pea River.
Russell, William Arnold (eclectic), certificate of county board, 1882, Batesville.

There have been no deaths among the physicians of the county since 1883.

No physicians have removed from the county during the past year and a-half.

No applicants either for the study of medicine, or for the practice of it, have appeared before the examining board. There are several young men who have recently graduated in medicine, and who will probably apply for examination, as they live in Eufaula.

BIBB COUNTY MEDICAL SOCIETY.

President—James W. Brand, M. D., Randolph.
Secretary—William C. Cross, M. D., Centreville.
President of the Board of Censors—James W. Brand, M. D., Randolph.
County Health Officer—William C. Cross, M. D., Centreville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Brand, James Walker, Virginia medical college, 1856, Randolph.
Cross, William Cyprian, Vanderbilt University, 1880, Centreville.
Evins, Charles Alexander, medical college of South Carolina, 1855, Abercrombie.
Gage, Frederick Fannin, University of New York, 1876, Briarfield.
Randall, Hendrick Washington, Transylvania University, 1835, Briarfield.
Whitfield, Oscar, Nashville medical college, 1881, Briarfield.
Nicholson, William John, Vanderbilt University, 1884, Centreville.
Membership—7.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Hill, Allen Green, certificate Tuskaloosa county board, 1883, Green Pond.
Monroe, Dana E., certificate Tuskaloosa county board, 1849, old law, Bibbville.

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Owen, William, certificate Tuskaloosa county board, 1878, Blocton.
Wooley, Charles L., certificate county board, Randolph.
Williams, James Melford, Georgia medical college, 1839, River Bend.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Jones, R. S., ———— —— Randolph.

Dr. William John Nicholson, graduate Vanderbilt University, class of 1884, Centreville, passed a successful examination before the county board and was admitted to practice.

Moved into the county—Dr. Willam M. Owen, formerly of Green Pond, Tuskaloosa county, bearing a certificate from that board, to Blocton.

BLOUNT COUNTY MEDICAL SOCIETY.

President—Alvin S. Davidson, M. D., Gurley's Creek.
Secretary—John H. Willoughby, M. D., Arkadelphia.
President of the Board of Censors—Floyd G. Donehoe, M. D., Murphree's Valley.
County Health Officer—John H. Willoughby, M. D., Arkadelphia.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Allgood, William Barnette, Southern medical college, 1881, Chepultepec.
Aldridge, Patrick G., Atlanta medical college, 1875, Brooksville.
Collins, Milton Homer, Nashville medical college, 1884, Summit.
Davidson, Alvin Steele, certificate county board, Gurley's Creek.
Donehoe, Floyd G., Southern medical college, 1881, Murphree's Valley.
Estelle, Samuel Henderson, certificate county board, 1876, Blount Springs.
Finley, William M., Atlanta medical college, 1879, Village Springs.
Harden, Andrew W., Vanderbilt University, 1882, Summit.
Hendricks, Joseph Francis, Southern medical college, 1883, Chepultepec.
Ingraham, Madison S., certificate county board, Blountsville.
Moore, Daniel S., Atlanta medical college, Wynnville.
Parker, Washington P., Atlanta medical college, Hanceville.
Whaley, John Peter Anderson, certificate county board, 1884, Bangor.
Whaley, Lewis, Atlanta medical college, Hanceville.
Willoughby, John Henchia, certificate county board, 1878, Arkadelphia.
Membership—15.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Drennen, Charles, medical college of Alabama, Arkadelphia.
Hudson, Francis N., Nashville medical college, Blountsville.
Robinson, H. B., college not given, Blount Springs.

There are no irregular practitioners in the county.

Removed from the county—Dr. R. B. Anderson, to Walnut Grove, Etowah county. [Dr. Anderson's name does not appear either on the list of physicians of Blount county, nor on that of Etowah county for this

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year—although a *pro forma* certificate was issued to him as reported by the secretary of the Blount county society.—Secretary, M. A. S. A.

The status and work of this Society not proving satisfactory to the Association, it was ordered to be investigated by the Board of Censors.

BULLOCK COUNTY MEDICAL SOCIETY.

President—William K. Jones, M. D., Union Springs.
Secretary—Robert H. Hayes, M. D., Union Springs.
President of the Board of Censors—Samuel M. Hogan, Union Springs.
County Health Officer—Charles H. Franklin, M. D., Union Springs.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Bledsoe, Nathaniel P., University of Louisville, 1857, Union Springs.
Butt, Richard Lemuel, University of New York, 1846, Midway.
Caldwell, Groves, University of Pennsylvania, 1845, Midway.
Dismukes, Benjamin J., Georgia medical college, 1857, Mt. Hilliard.
Darnell, Benjamin Franklin, certificate county board, 1883, Inverness.
Fitzpatrick, Clement Tranum, Memphis medical college, 1849, Fitzpatrick's Station.
Franklin, Charles Higgs, University of Louisville, 1866, Union Springs.
Harris, William Stephens, University of New York, 1857, Dick's Creek, Macon county.
Hayes, Robert Hughes, St. Louis medical college, 1879, Union Springs.
Hogan, Samuel Mardis, University of Louisville, 1873, Union Springs.
Jernigan, Charles Henry, Jefferson medical college, 1855, Enon.
Jones, William Kennon, University of Pennsylvania, 1856, Union Springs.
Martin, John Elijah, one course in medical college of Alabama, 1873, Brewton, Escambia county.
Mayes, William Aurelius, Georgia medical college, 1855, Midway.
Reynolds, James Henry, University of Nashville, 1854, Mt. Hilliard.
Walker, William Austin, Jefferson medical college, 1854, Perote.
Watkins, Isaac Livingston, Bellevine Hospital medical college, 1878, Union Springs.
Zeigler, John Olin, one course, Atlanta medical college, 1878, Union Springs.
Membership—18.

HONORARY MEMBER.

Dr. Newton P. Banks, University of Louisville, 1849, Columbus, Georgia.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Crymes, Augustin Clayton, Jefferson medical college, 1856, Midway.
Rumph, James David, medical college of South Carolina, 1836, Perote.
Swanson, William Schley, Atlanta medical college, 1857, James.
Thomason, William Bartlett, Georgia medical college, 1854, Aberfoil.

There are no irregular practitioners in the county.

No deaths; no examinations.

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Removed from the county—Dr. John Elijah Martin, one course student, medical college of Alabama, 1873, formerly of Union Springs, to Brewton, Escambia county, but retains his membership and pays his dues; Dr. James M. Bean, certificate Pike county board, 1883, formerly of Farrisville, to Barrs' Mill, Pike county; Dr. Newtown P. Banks, graduate University of Louisville, class of 1849, formerly of Enon, to Columbus, Georgia; Dr. Samuel T. Williamson, graduate medical college of South Carolina, class of 1858, formerly of Mathews' Station, post office unknown.

BUTLER COUNTY MEDICAL SOCIETY.

President—J. Bedar Kendrick, M. D., Greenville.
Secretary—Joel C. Kendrick, M. D., Greenville.
President of the Board of Censors—Curtis B. Herbert, M. D., Greenville.
County Health Officer—Job Thigpen, M. D., Greenville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Allman, J. E., Savannah medical college, 1869, Georgiana.
Broughton, John Thomas, University of Pennsylvania, 1852, Greenville.
Donald, J. G., University of Louisiana, 1854, Monterey.
Herbert, Curtis Burke, State board medical examiners, 1879, Greenville.
Kendrick, Joel Cloud, University of Nashville, 1852, Greenville.
Kendrick, Joel Bedar, medical college of Alabama, 1882, Greenville.
Kendrick, William Thomas, Atlanta medical college, 1876, Oaky Streak.
Lloyd, Cary Chappelle, Atlanta medical college, 1856, Greenville.
McCane, J. J., University of Louisiana, 1882, Glasgow.
McLendon, Lewis Marshall, medical college of Alabama, 1884, Georgiana.
Owens, Jared D., medical college of Alabama, 1879, Greenville.
Simmons, William Cleveland, certificate county board, 1878, Manningham
Scott, Henry C., Vanderbilt University, 1880, Manningham.
Smith, Robert Edward, medical college of Alabama, 1882, Toluka.
Thigpen, Job, Georgia medical college, 1856, Greenville.
Wall, Conrad, University of Nashville, 1859, Forest Home.
Webb, Foster Cornelius, certificate county board, 1878, Greenville.
Webb, O. F., medical college of Alabama, 1880, Greenville.
Wright, William Pendleton, certificate county board, 1879, Bolling.
Membership—19.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baldwin, J. A., Atlanta medical college, 1859, Georgiana.
Harrison, Joseph, Transylvania University, 1852, Greenville.
Knight, Comer John, New Orleans school of medicine, 1858, Monterey.
Perdue, James Lewis, medical college of Alabama, 1875, Greenville.
Prior, W. D., University of Nashville, 1855, Aiken.
Steiner, Samuel Jackson, Vanderbilt University, 1878, Greenville.
Stewart, A. S., University of Louisville, 1882, Greenville.

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Removed from the county- Drs. John W. Blow, formerly of Georgiana, to parts unknown; William E. Roper, formerly of Greenville, to Leesburg, Florida; Henry F. Oliver, graduate of the University of Pennsylvania, and formerly of Georgiana, to Molina Mills, Florida.

Moved into the county—Dr. Lewis Marshall McLendon, formerly of Mississippi, to Georgiana.

Died during the year—R. M. Brownlee, M. D., certificate county board, Fort Deposit, Jan. 7, 1885, of apoplexy.

Caleb Bliss Lampley, M. D., ex-vice President of the Association, 1878, graduate University of the city of New York, 1851, Greenville, Jan. 16, 1885, of apoplexy.

William Henry Cook, M. D., graduate Transylvania University, 1834, Georgiana, May 15, 1884, of consumption.

Thomas A. McCane, M. D., graduate Graffenburg Institute, 1854, Toluka, April 3, 1885, of erysipelas.

Samuel E. Thompson, M. D., Greenville, graduate of the Georgia medical college.

IRREGULAR PRACTITIONER IN THE COUNTY.

J. J. Garrett, Southern medical college (Eclectic), Monterey.

There were no examinations for the practice of medicine; no application preliminary to the study of medicine.

CALHOUN COUNTY MEDICAL SOCIETY.

President—John Y. Nisbet, M. D., Jacksonville.
Secretary—John C. LeGrand, M. D., Anniston.
President of the Board of Censors—John W. Pearce, M. D., Oxford.
County Health Officer—John Y. Nisbet, M. D., Jacksonville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Anderson, Edmund Clack, certificate county board, Anniston.
Buckalew, Ansil Milbran, University of Louisville, 1870, DeArmanville.
Bullard, Aurelius Franklin, certificate county board, 1882, Oxford.
Brothers, Philip Houston, certificate county board (old law), 1841, Martin's Cross Roads.
Christian, McAus Thomas William, certificate county board, 1881, Oxford.
Davis, John Francis Marion, Atlanta medical college, 1860, Choccolocco.
Davis, Thomas Asbury, University of Louisiana, 1851, Anniston.
Huger, William Proctor, medical college of South Carolina, 1871, Anniston.
Hughes, John Leander, Georgia medical college, 1851, Cross Plains.
Hill, Thomas Carter, medical college of South Carolina, 1860, Oxford.
Kelley, William Pace, Atlanta medical college, 1882, Oxford.
Kinabrew, William Henry, University of New York, 1873, Cross Plains.
LeGrand, John Clark, Atlanta medical college, 1880, Anniston.
Mabbitt, Henry, Savannah medical college, 1876, Anniston.
Nisbet, John Young, University of Louisville, 1854, Jacksonville.
Pearce, John Washington, Georgia medical college, 1852, Oxford.

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Robertson, Thaddeus Lindley, Jefferson medical college, 1861, Oxford.
Sexton, Charles Richard, University of Louisiana, 1873, Anniston.
Walker, James Fleming, certificate county board, 1881, Weaver's.
Wikle, Jesse Lane, Georgia medical college, 1879, Anniston.
Williams, George Coke, certificate county board, 1881, White Plains.
Membership—21.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bowling, William Elsberry, certificate county board, 1881, Davisville.
Cowdon, ——, certificate county board, 1881, Cross Plains.
Crook, James Edward, University of Nashville, 1883, Alexandria.
Crow, Andrew Jackson, Washington University, 1869, Jacksonville.
Evins, Benjamin Shumate, certificate county board, 1881, White Plains.
Francis, James Carrington, certificate old board, 1839, Jacksonville.
Jones, J. H., Atlanta medical college, 1882, Sulphur Springs.
Little, William Worth, University of Nashville, 1881, Cross Plains.
Linder, Pleasant Phillips, certificate county board, 1881, Jacksonville.
Montgomery, Charles Henry, Washington university, Baltimore, 1868, Jacksonville.
Teague, Robert G., certificate county board, 1883, Cross Plains.
Williams, Benjamin Dudley, medical department university of Louisville, 1881, Oxford.
Williamson, Thomas, certificate county board, 1881, Peak's Hill.

Dr. William Henry Kinabrew, of Cross Plains, graduate of the university of the city of New York, class of 1873, passed a successful examination before the county board and was admitted to practice.

Dr. J. W. Kinabrew, of Cross Plains, made application, and after careful examination by the county board was rejected.

Dr. John W. Hurt, of ——, a graduate of Atlanta medical college, class of 188-, made application, and was examined; but before the decision of the board was rendered, Dr. Hurt decided to go to Jefferson county. This board, therefore, thought it best, under the circumstances, to withhold the certificate, and let the Jefferson county board make the examination.

During the year several notices have been given to persons who were preparing to practice medicine in the county, that it was necessary to obtain a certificate under the laws of the State, none of whom made application, but left the county at once.

Removed from the county: Drs. Charles L. King, formerly of Anniston, to Texas; William D. Taylor, formerly of Anniston, to Mount Meigs, Montgomery county.

There are no irregular practitioners in the county.

CHAMBERS COUNTY MEDICAL SOCIETY.

President—Benj. F. Rea, M. D., LaFayette.
Secretary—William B. Trent, M. D., LaFayette.
President of the Board of Censors—Benj. F. Rea, M. D., LaFayette.
County Health Officer—William B. Trent, M. D., LaFayette.

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NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Beasley, James Albert, Atlanta medical college, 1872, West Point.
Bruce, Hilary Sanford, Atlanta medical college, 1882, Waverly.
Foster, Benjamin Jesse, Georgia medical college, 1870, Lystra.
Frederick, Albert Henry Roland, University of New York, 1856, LaFayette.
Grady, Zachery Taylor, Atlanta medical college, 1876, Fredonia.
Griggs, Asa Wesley, Nashville medical college, 1855, West Point.
Palmer, Jesse Gary, College Physicians and Surgeons, Baltimore, 1884, Oak Bowery.
Rea, Benjamin Franklin, Jefferson medical College, 1842, LaFayette.
Rutland, John Blake, Southern medical college, 1880, Fredonia.
Trent, William Bailey, Louisville medical college, 1876, LaFayette.
Membership—10.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bonner, Thomas F., Atlanta medical college, 1884, Hickory Flat, Ga.
Carmichael, Lawson Green, Graffenburg Institute, Hickory Flat.
Cooper, John William, medical college of South Carolina, 1845, West Point.
Davis, James Lawson, medical college of Alabama, 1884, LaFayette.
DeVaughn, John Wesley, Vanderbilt University, 1883, Mill Town.
Hamner, Lovick Pierce, certificate Randolph county board, 1882, Bloomingdale.
Johnson, Howard H., certificate Tallapoosa county board, 1881, Mill Town.
Kirby, Charles Windham, Southern medical college, 1884, Cusseta.
Perry, Charles Franklin, Atlanta medical college, 1878, LaFayette.
Pinkston, James Preston, Graffenburg Institute, 1857, Sharon.
Smith, Lawrence, Georgia medical college, 1854, Cusseta.
Trammell, William Monroe, University of Kentucky, 1847, Louisville.
Tyson, William Watson, Georgia medical college, 1854, Fredonia.

Dr. Charles W. Kirby, Cusseta, graduate Southern medical college, Atlanta, Ga., class of 1884, and Dr. Jesse Gary Palmer, Oak Bowery, graduate College of physicians and surgeons, Baltimore, class of 1884, passed successful examinations before the county board and were admitted to practice.

There have been no deaths, no removals into or from the county, nor are there any irregular practitioners in the county.

CHILTON COUNTY MEDICAL SOCIETY.

President—Isaac D. Lanier, M. D., Clanton.
Secretary—Joseph P. Givhan, M. D., Lomax.
President of the Board of Censors—John A. McNeil, M. D., Jemison.
County Health Officer—William E. Stewart, M. D., Clanton.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Bivings, Albert E., medical college of South Carolina, 1875, Clanton.
Callier, Thomas Eugenius, University of Pennsylvania, 1857, Calliersville.

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Dawson, James J., licensed under the old law, 1856, Jemison.
Duke, Francis M., University of Tennessee, 1871, Clear Creek.
Givhan, Joseph Phillip, medical college of Alabama, 1872, Lomax.
Johnson, Joseph Samuel, Sr., medical college of Georgia, 1859, Maplesville.
Johnson, Joseph Samuel, Jr., Baltimore medical college, 1876, Maplesville.
Lanier, Isaac Dickson, Jefferson medical college, 1856, Clanton.
McNeil, John Archibald, medical college of Vermont, 1853, Jemison.
Pitts, John Spate, University of Tennessee, 1858, Verbena.
Robinson, John R., Jefferson medical college, 1856, Clanton.
Stewart, William Eugene, University of Louisville, 1875, Clanton.
Williamson, Samuel T., medical college of South Carolina, 1858, Verbena.
Wise, John T., Graffenburg Institute, 1835, Clanton.
Membership—14.

There are no irregular practitioners in the county, nor any regular physicians who are not members of the county society. There have been no deaths, no removals, no application for examination to practice medicine, nor to commence the study of medicine.

The roll of officers and members here given is that of 1884. The society had no representative at the Greenville session, and no report or dues were received from it. It was therefore ordered to be investigated by the Board of Censors.

CHOCTAW COUNTY MEDICAL SOCIETY.

President—Mathew Turner, M D., Bladen Springs.
Secretary—William C. Forster, M. D., Mt. Sterling.
President of the Board of Censors—Richard B. Carr, M. D., Pushmataha.
County Health Officer—Wm. F. Kimbrough, M. D., Bladen Springs.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Brown, C. B., Nashville medical college, 1880, Kaiser Hill.
Clarke, Ferdinand, college not given, Pelham.
Coleman, Robert Henry, Jefferson medical college, 1852, Isney.
Carr, Robert Bryan, University of Louisville, 1882, Pushmataha.
Forster, William Condie, University of Louisville, 1882, Mt. Sterling.
Gaines, Vivian Pendleton, medical college of Alabama, 1872, and college of Physicians and Surgeons, Baltimore, 1873, Mt. Sterling.
Gilmer, Abram Bessent, medical college of Alabama, 1872, Butler.
Horne, William R., University of Louisiana, 18—, Pelham.
Johnson, Samuel F., certificate county board, 18—, Butler.
Kimbrough, William Floyd, medical college of Alabama, 1883, Bladen Springs.
McCall, Daniel, Atlanta medical college, 1859, and certificate county board, 1878, DeSotoville.
McNeely, John Newton, University of Louisiana, 1857, Tompkinsville.
Moody, Robert F., University of Louisiana, 18—, Butler.

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Turner, Mathew, University of Pennsylvania, 18—, Bladen Springs.
Membership—14.

HONORARY MEMBERS.

Forster, James George, University of Louisiana, 1866, Livingston, Sumter county.
Harris, A. P., University of Louisiana, 18—, Pushmataha.
Hannon, Robert H., University of Louisiana, 18—, ———.
Johnson, William Wesley, medical college of Alabama, 1872, Nicholson's Store.
Lenoir, J. L., medical college of Alabama, 18—, St. Stephens, Washington county.
O'Hara, James Henry, University of Louisiana, 18—, Grand View, Texas.

There are no irregular practitioners in the county.

Dr. Ferdinand Clarke, of Pelham (college not given), passed a successful examination before the county board, and admitted to practice.

Removed from the county—Dr. Robert H. Hannon, formerly of Pushmataha, graduate of the University of Louisiana, 18—, to ———.

[The annual report and dues from this society were not received until June 24th, 1885.—SECRETARY.]

CLARKE COUNTY MEDICAL SOCIETY.

President—Benjamin S. Barnes, M. D., Suggsville.
Secretary—John W. Fleming, M. D., Grove Hill.
President of the Board of Censors—Benjamin S. Barnes, M. D., Suggsville.
County Health Officer—Benjamin S. Barnes, M. D., Suggsville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Allen, Burwell, Middleton, medical department University of Louisiana, 1858, Coffeeville.
Armistead, James Westwood, medical college of Alabama, 1883, Grove Hill.
Barnes, Benjamin Shields, Jefferson medical college, 1860, Suggsville.
Burroughs, Bryan, Louisville medical college, 1870, Vashti.
Bush, Boaz Whitfield, medical college of South Carolina, 1872, Gainestown.
Davis, Henry Gaines, medical college of Alabama, 1872, Gainestown.
Files, George Washington, medical department University of Louisiana, 1850, Gosport.
Fleming, John William, medical college of Alabama, 1879, Grove Hill.
Hicks, Lamartine Orlando, medical college of Alabama, 1873, Jackson.
Harwood, Thomas Brodnax, medical department University of Louisiana, 1860, Tallahatta Springs.
Jones, Green Ervin, Atlanta medical college, 1882, Coffeeville.
Prim, Thomas Jefferson, college not given, Salitpa.
Savage, Thomas Bradford, Louisville medical college, 1849, Jackson,

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Webb, Sidney Vaughn, medical college of New York, and Jefferson medical college, 1858, Coffeeville.

Membership—14.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Davis, James Madison, medical department University of Louisiana, 1861, Choctaw Corner.

Durden, Henry Jefferson, medical college of South Carolina, 1882, Choctaw Corner.

There are no irregular practititioners in the county.

This society, upon the recommendation of the board of Censors, was granted a charter at the Greenville session.

CLEBURNE COUNTY MEDICAL SOCIETY.

President—Wilson M. Ligon, M. D., Oakfuskee.

Secretary—Winston C. Wood, M. D., Oakfuskee.

President of the Board of Censors—Wilson M. Ligon, M. D., Oakfuskee.

County Health Officer—William A. Neil, M. D., Heflin.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Camp, Erasmus Taylor, medical college of Alabama, 1885, Edwardsville.
Hunt, James Polk, certificate county board, 1883, Edwardsville.
Ligon, Arthur Wellington, Vanderbilt University, 1884, Chulafinnee.
Ligon, Wilson Milton, Georgia medical college, 1883, Oakfuskee.
McRae, Francis Marion, certificate county board, 1884, Heflin.
Neil, William Alexander, Georgia medical college, 1881, Heflin.
Pounds, William LaFayette, certificate county board, 1884, Cicero.
Sheppard, Orlando Waters, Graffenburg Institute, 1856, Edwardsville.
Wood, Winston Cass, Atlanta medical college, 1881, Arbacoochee

Membership—9.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Hobgood, S. B., Atlanta medical college, 18—, Bowden, Georgia.
Houston, James W., certifiate county board, 1884, Oak Level.
Hudgins, N. E., certificate county board, 1884, Edwardsville.
Martin, Thomas Hicks, certificate county board, 1884, Arbacoochee.
Reid, Reese T., certificate county board, 1884, Wee Bee.
Roberts, D. T., certificate county board, 1881, Oak Level.
Sorrell, John Wesley, certificate county board, 1881, Chulafinnee.

Moved from the county—Dr. Joseph Lorenzo Baker, Atlanta medical college, 1884, formerly of Oak Level to White Plains, Calhoun county.

There are no irregular practitioners in the county.

No examinations for the practice of medicine, nor applications preliminary to the study of medicine; no deaths.

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COFFEE COUNTY MEDICAL SOCIETY.

President—John Gordon Moore, M. D., Elba.
Secretary—William H. Chapman, M. D., Elba.
President of the Board of Censors—Benjamin A. Hill, M. D., Elba.
County Health Officer—John Gordon Moore, M. D., Elba.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Blue, Josephus Dickson, certificate county board, 1885, Elba,
Chapman, William Hickerson, medical college of Alabama, 1873, Elba.
Crook, William Henry, medical college of Alabama, 1884, Victoria.
Garrett, John Wilkinson, Louisville medical college, 1881, Clintonville.
Hill, Benjamin Augustus, Graffenburg Institute, 1857 ; Richmond, Virginia, medical college, 1860, Elba.
Moore, John Gordon, medical college of South Carolina, 1845; Atlanta medical college, 1871, Elba.
Rushing, Francis Marion, New Orleans medical college, 1861, Elba.
Steed, John Garnett, Nashville medical college, 1856, Haw Ridge.
Membership—8.

This county was granted a charter at the Greenville session.

COLBERT COUNTY MEDICAL SOCIETY.

President—James M. Houston, M. D., Dickson.
Secretary—Samuel J. Cooper, M. D., Tuscumbia.
President of the Board of Censors—Edward P. Rand, M. D., Tuscumbia.
County Health Officer—Charles W. Williams, M. D., Allsborough.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Cooper, Samuel Johnston, Memphis medical college, 1872, Tuscumbia.
Houston, James M., Jefferson medical college, 1851, Dickson.
Langhorn, William Henry, University Pennsylvania, 1883, Sheffield.
McWhorter, George T., certificate county board, 1881, Chickasaw.
Orr, John A., Louisville medical college, 1877, Cherokee.
Pride, Joseph Peebles, University of New York, 1855, Florence.
Rand, Edward P., University of Louisiana, 1872, Tuscumbia.
Rand, Edgar, medical college of Alabama, 1879, Leighton.
Walker, David Harris, Vanderbilt University, 1882, Spring Valley.
Wheeler, William Camp, University of Nashville, 1862, Cherokee.
Williams, Charles Washington, University of Nashville, 1873, Allsborough.
Membership—11.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abernathey, Robert T., University of New York, 1849, Tuscumbia.
Newsome, Benjamin Franklin, Louisville medical institute, 1840, Tuscumbia.

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IRREGULAR PRACTITIONERS IN THE COUNTY.

——— McCleskey, Cherokee.
Jones, Emmett Lee, one-course student medical college of Alabama, 1884, Pride's Station.

There have been no deaths; no removals from or into the county; no examinations for, or preliminary to the practice of medicine.

This society having been negligent of its duties for several successive sessions of the Association; and having been more than once referred to the Board of Censors for investigation, again presents the same incompleteness. It is here inserted with some improvement on former reports, but is still weighted down with errors of so grave a character as to invite attention. It was therefore ordered to be investigated by the Board of Censors.

[Since the adjournment of the Greenville session, this society has sent up a revised copy, which is in all respects more complete than any ever before received from it.—SECRETARY.]

CONECUH COUNTY MEDICAL SOCIETY.

President—Andrew Jay, M. D., Evergreen.
Secretary—Gross S. Chapman, M. D. Evergreen.
President of the Board of Censors—Adam A. McKittrick, M. D., Evergreen.
County Health Officer—Adam A. McKittrick, M. D., Evergreen.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Chapman, Gross Scruggs, medical college of Alabama, 1879, Evergreen.
Fountain, Hugh Thomas, medical college of Alabama, 1872, Burnt Corn.
Feagin, Aaron Pinson, Atlanta medical college, 1860, Brooklyn.
Jay, Andrew, Alabama medical college, 1872, Evergreen.
McKittrick, Adam Alexander, Georgia medical college, 1860, Evergreen.
Sewall, F. L., medical college of Alabama, 1873, Belleville.
Shaw, John L., university of Louisville, 1840, Belleville.
Shaver, William Benjamin, Georgia Reform medical college, 1884, Herbert.
Taliaferro, Charles Thomas, Atlanta medical college, 1859, Evergreen.
Membership—9.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Airey, John Dorsey, Columbus, Ohio, 1856, Evergreen.
Bradley, Ely, Jefferson medical college, 1858, Belleville.
Grissitt, William J., medical college of Alabama, 1872, Sepulga.
McCreary, John Absalom, university of Louisville, 1860, Evergreen.
Shaw, William C., medical college of Alabama, 1885, Evergreen.

There are no irregular practitioners in the county.

Moved into the county—Dr. F. L. Sewall, graduate of the Alabama medical college, class of 1873, and formerly resident at Bell's Landing, Monroe county, to Belleville.

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Moved out of the county—Dr. R. N. Murphy, graduate of the Alabama medical college, class of 1872, and formerly resident at Castleberry, this county, to Ferry Pass, Florida.

COOSA COUNTY MEDICAL SOCIETY.

President—John B. Kelley, M. D., Kelleyton.
Secretary—William T. Hamilton, M. D., Nixburg.
President of the Board of Censors—John B. Kelley, M. D., Kelleyton
County Health Officer—Julius Jones, M. D., Rockford.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Bailey, William J., certificate of county board, 1883, Rockford.
Crowson, Richard Jasper, Vanderbilt university, 18—, Weogufka.
Goggans, James Peter, licensed under the old law, 18—, Nixburg.
Hamilton, William Thomas, medical college of Alabama, 1880, Nixburg.
Jones, Julius, Vanderbilt university, 1884, Rockford.
Jowers, James F., Atlanta medical college, 1885, Equality.
Kelley, John Baker, Jefferson medical college, 1859, Kelleyton.
Mathews, John Thomas, university of Louisiana, 1883, Mount Olive.
Moon, William Henry, medical college of Alabama, 1882, Goodwater.
Peddy, William Jeremiah, certificate county board, 1883, Rockford.
Simpson, John L., medical college of Atlanta, 1881, Goodwater.
Membership—11.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Dollar, Henry C., medical college of Atlanta, 18—, Marble Valley.
Goggans, Philip Peterson, university of New York, 1877, Sykes' Mill.
Parker, Lewis Berry, certificate county board, 1884, Travelers' Rest.
Pioda, John Calhoun, college and address not given.
Pope, Chandler M., Jefferson medical college, 1857, Goodwater.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Parker, Elias (botanic), non-licensed.
Satter, Preston B. (botanic), non-licensed.

Removed from the county—Dr. John James Hunter, formerly of Rockford, graduate of the medical college of Alabama, 1882, to Calera, Shelby county.

Dr. Julius Jones, Rockford, graduate of the Vanderbilt university, class of 1884, passed a successful examination before the county board, and was admitted to practice.

There were no applications preliminary to the study of medicine; no addition to membership; no deaths.

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CRENSHAW COUNTY MEDICAL SOCIETY.

President—N. B. Barnett, M. D., Argus.
Secretary—William T. Bergamy, M. D., Rutledge.
President of the Board of Censors—James E. Kendrick, M. D., Leon.
County Health Officer—Edmund H. Johnson, M. D., Rutledge.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Albritton, George Allen, Louisville medical college, 18—, New Providence.
Barnett, N. B., Atlanta medical college, 18—, Argus.
Bergamy, William Thomas, Atlanta medical college, 18—, Rutledge.
Johnson, Edmund Harris, Washington University, Baltimore, 1869, Rutledge.
Kendrick, James Evans, medical college of Alabama, 18—, Leon.
May, Samuel W., College of physicians and surgeons, New York, 18—, Bullock.
Richardson, James P., medical college of South Carolina, 18—, Honoraville.
Thrower, Stephen J., certificate county board, 1884, Arcadia.
Membership—8.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Hames, James R., college not ascertained, 18—, Argus.
McCrummin, N. H., college not ascertained, Rutledge.
Quillion, Thomas L., certificate county board, 1884, Honoraville.
Street, William N., certificate county board, 1884, Argus.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Prior, William Drayton, college not ascertained, 18—, Rutledge.
Horne, Richard, college not ascertained, 18—, New Providence.
Moxley, D. N., college not ascertained, 18—, New Providence.

Removed from the county—Drs. A. C. Henry, formerly of Bullock; James H. Pendry, formerly of Leon; Harry Vettar Lucas, formerly of Helicon, to Tallahassee, Florida.

One application for examination from an under graduate refused.

One certificate issued without examination.

The roll of officers and members here given is that of 1884. It is here inserted with the same imperfections as formerly. This society sent in its report, paid the dues and was represented at the Greenville session by one delegate; since the adjournment the annual report for this year has been misplaced. Effort was made to get a duplicate copy, but up to going to press none has been furnished the secretary. The failure, therefore, in not giving the annual returns for this year should be attributed to this office.

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DALLAS COUNTY MEDICAL SOCIETY.

President—Clifford D. Parke, M. D., Selma.
Secretary—Goldsby King, M. D., Selma.
President of the Board of Censors—Benj. H. Riggs, M. D., Selma.
County Health Officer—Goldsby King, M. D., Selma.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Alston, Lemuel Lovatt, medical college of South Carolina, 1857, Orrville.
Clarke, Courtney James, Jefferson medical college, 1844, Selma.
Clarke, Richard, University of Pennsylvania, 1835, Selma.
Cochran, Robert McRillus, medical college of Virginia, 1867, Martin's Station.
Donald, Joseph Marion, University of Louisiana, 1854, Harrell's Cross Roads.
Donald, James Marion, medical college of Alabama, 1883, Harrell's Cross Roads.
DuBose, F. D., medical college of South Carolina, 18—, Orrville.
Furniss, John Perkins, New Orleans school of medicine, 1855, Selma.
Gee, James Thomas, Jefferson medical college, 1843, Burnsville.
Groves, Joseph Asbury, medical college of South Carolina, 1854, Brown's.
Hardy, William Robinson, medical college of South Carolina, 1861, Pleasant Hill.
Hudson, Herbert Sidney, University of Maryland, 1867, Summerfield.
Jackson, Robert Dandridge, medical college of South Carolina, 1851, Summerfield.
Johnston, William Henry, University of New York, 1867, Selma.
Kendall, William Q., College of Physicians and Surgeons, Baltimore, 1880, Berlin.
King, Goldsby, medical college of South Carolina, 1880, Selma.
Kyser, George Washington, medical college of Virginia, 1865, Richmond.
McKinnon, John Alexander, University of Louisiana, 1857, Selma.
Moseley, Elijah Bucklee, University of Louisiana, 1857, Orrville.
Moore, Clement Billingslea, medical college of South Carolina, 1839, Summerfield.
Parke, Clifford Daniel, Jefferson medical college, 1850, Selma.
Paisley, Henry S., D. D. S., Selma.
Phillips, William Crawford, University of Louisiana, 1873, Selma.
Riggs, Benjamin Hogan, medical department University of Pennsylvania, 1859, Selma.
Tipton, Frank, University of Louisiana, 1870, Selma.
West, J. T., medical college of Virginia, 18—, Selma.
Williamson, John Hancock, Jefferson medical college, 1859, Minter's Station.
Wilson, Isham Griffin, University of Louisiana, 1869, Selma.

Membership—28.

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REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Adams, Benjamin Clarence, medical college of Alabama, 1872, Martin's Station.
Allison, Joseph Dill, medical college of South Carolina, 1850, Carloville.
Boykin, James O., Transylvania University, 1843, Tilden.
Blevins, John R., University of Louisiana, 1857, Marion Junction.
Hall, J. J., University of Louisiana, 1869, Orrville.
Lockwood, Frank Octavius, medical college of South Carolina, 1854, Minter.
Mills, James Barnwell, certificate Perry county board, 1878, Hazen.
Stewart, William C., medical college of South Carolina, 1858, Soap Stone.
Weisinger, John, University of Louisiana, 1876, Talmadge.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Graddick, J. A., Transylvania University, 1845, Selma.

Removed from the county—Dr. Wade H. Jones, formerly of Brown's, graduate of medical college of South Carolina, class of 1855, to Jefferson, Marengo county.

Mr. William Jackson, of Summerfield, passed an unsuccessful examination before the county board, preliminary to the study of medicine, and was refused a certificate.

No deaths.

DeKALB COUNTY MEDICAL SOCIETY.

President—Edward P. Nicholson, M. D., Valley Head.
Secretary—Horace P. McWhorter, M. D., Collinsville.
President of the Board of Censors—William E. Quin, M. D., Fort Payne.
County Health Officer—Edward P. Nicholson, M. D., Valley Head.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Cain, Richard Winn, University of Nashville, 1859, Collinsville.
Holiday, Abner Larke, medical college of Georgia, 1859, Sand Mountain.
Johnson, John Kemper, Vanderbilt University, 1884, Fort Payne.
McWhorter, Horace Puckett, Vanderbilt University, 1881, Collinsville.
Miller, James Taylor, Vanderbilt University, 1878, Collinsville.
Nicholson, Edward Pierson, University of Nashville, 1861, Valley Head.
Pindon, John Edward, University of Dublin, Ireland, 1863, Valley Head.
Quin, William Everett, Kentucky school of medicine, 1881, Fort Payne.
Vann, Andrew Jackson, medical College of Georgia, 1854, Collinsville.

Membership 9.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bruce, Green Taylor, Vanderbilt University, 1884, Fort Payne.
Green, William Mastin, Vanderbilt University, 1877, Fort Payne.
Winston, John Nelson, University of Louisville, 1866, Valley Head.

This society was granted a charter at the Greenville session.

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ELMORE COUNTY MEDICAL SOCIETY.

President—Meriwether G. Moore, M. D., Wetumpka.
Secretary—Phillip Fitzpatrick, M. D., Wetumpka.
President of the Board of Censors—George C. Norris, M. D., Wadsworth.
County Health Officer—George C. Norris, Wadsworth.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Avant, John Alonzo, Atlanta medical college, 1884, Buyck's.
Briggs, Richie Jones, college of physicians and surgeons Baltimore, 1883, Robinson Springs.
Campbell, Archibald Graham, certificate county board, 1884, Tuskaloosa.
Fielder, Martin Lucius, medical college of Ohio, 1857, Georgia medical college, Eclectic.
Fitzpatrick, Phillip, University of Louissiana, 1853, Wetumpka.
Huddleston, William Allen, Atlanta medical college, 1880, Buyck's.
Lett, Harris T., Louisville medical college, ——, Good Hope.
Malay, Ramsey, medical college of Alabama, 1884, Deatsville.
Moore, Meriwether Gaines, University of Pennsylvania, 1854, Wetumpka.
Norris, George Calvin, medical college of Alabama, 1883, Wadsworth.
Patterson, Daniel Smith, medical college of South Carolina, 1861, Central Institution.
Rushin, James Knox, New York University medical college, 1855, Tallassee.
Rushin, James Thomas, University of Tennessee, 1883, Tallassee.
Sorrell, William Marion, Jefferson medical college, 1866, certificate Tallapoosa county board, 1882, Kowaliga.
Sewell, N. B., certificate county board, ——, Sykes' Mill.
Warren, Allen Love, Jefferson medical college, 1859, Kowaliga.
Warren, William A., Alabama medical college, ——, Kowaliga.
Membership—16.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Brazzil, Alonzo, county not given, ——, Ware.
Hall, Thomas Dixon, University of Pennsylvania, 1852, Robinson Springs.
Lamar, James Isaac, Georgia medical college, 1851, Deatsville.
Powell, Marion W., Atlanta medical college, ——, Chanahatchee.
Robinson, E. H., Memphis medical college, 18—, Robinson Springs.
Smith, J. C., college not given, ——, Ware.
Sorrell, Green Washington, certificate Tallapoosa county board, — , Kowaliga.

There are no irregular practitioners in this county.

Removed from the county—Dr. Phillip Peter Goggans, graduate of the University of New York, 1880, formerly of Sykes' Mill, to Coosa county, post-office unknown.

There have been no examinations to practice medicine; no application preliminary to the study of medicine.

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ETOWAH COUNTY MEDICAL SOCIETY.

President—John P. Ralls, M. D., Gadsden.
Secretary—Milton R. Wright, M. D., Gadsden.
President of the Board of Censors—Milton R. Wright, M. D., Gadsden.
County Health Officer—Milton R. Wright, M. D., Gadsden.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Baker, Daniel Harris, Vanderbilt University, 1881, Gadsden.
Bevans, Joseph, certificate county board, 1878, Gadsden.
Bevans, Edward Gaudy, medical college of Alabama, 1880, Gadsden.
Dozier, Marshall Elias, Atlanta medical college, 1861, Attalla.
Ewing, Whitney Thomas, University of St. Louis, 1879, Gadsden.
Garlington, William Henry, medical college of South Carolina, 1856, Walnut Grove.
Ralls, John Perkins, Georgia medical college, 1844, Gadsden.
Wright, Milton Roil, medical college of Alabama, 1873, Gadsden.
Membership—8.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baskins, Walter Colquitt, Georgia Reform medical college, 1859, Coats' Bend.
Dowdy, Edgar Lee, Vanderbilt University, 1876, Greenwood.
Edwards, Thomas, Cincinnati medical college, 1840, Attalla.
Funderberg, William L., Southern medical college, 1883, Walnut Grove.
Lester, James Henry, Atlanta medical college, 1858, Attalla.
Landers, Franklin Pierce, Atlanta medical college, 1883, Hoke's Bluff.
Liddell, Frank Appling, Southern medical college, 1882, Aurora.
Liddell, John Benson, Atlanta medical college, 1882, Gadsden.
Stephens, James Marion, Vanderbilt University, 1879, Gadsden.
Teague, Thomas Bowden, University of Tennessee, 1880, Oak Hill.
Wood, Joseph Harden, Vanderbilt University, 1881, Attalla.

Dr. William L. Funderberg, of Walnut Grove, graduate of the Southern medical college, Atlanta, Georgia, class of 1883, and Dr. Frank A. Liddell, of Aurora, graduate of the Southern medical college of Atlanta, class of 1882, passed unsuccessful examinations before the county board and were rejected.

Removed from the county—Drs. Andrew Jackson Douthit, certificate county board, formerly of Gadsden to Alexandria, Calhoun county; A. M. Graves, graduate of the Vanderbilt University, class of 1882, formerly of Hokes' Bluff, to place unknown; C. Judson Slaughter, certificate county board, formerly of Greenwood, to Marshall county; post-office not known.

Died—Thomas David Morrow, M. D., graduate of the medical college of South Carolina, class of 1879, and resident at Gadsden, December 29, 1883, of drowning in the Coosa river.

There are no irregular practitioners in the county.

No application for examination.

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FAYETTE COUNTY MEDICAL SOCIETY.

President—Alexander W. Agnew, M. D., Fayette Court House.
Secretary—William R. Willingham, M. D., Buck Snort.
President of the Board of Censors—George J. Collins, M. D., Pilgrim's Rest.
County Health Officer—Alexander W. Agnew, M. D., Fayette Court House.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Agnew, Alexander W., Transylvania University, 1844, Fayette Court House.
Baird, William, Baltimore medical college, 1881, Willingham.
Collins, George Jackson, medical college of Alabama, 1874, Pilgrim's Rest.
Harris, Erastus G., New Orleans medical college, 1845, Fayette Court House.
Hollis, J. S., college not given, Fayette Court House.
Hollis, William A., medical college of Alabama, 1884, Fayette Court House.
Hocut, Lucius T., Atlanta medical college, 1882, Davis Creek.
Jones, William M., certificate Tuskaloosa board, 1868, Newtonville.
Miller, Virgil M., Vanderbilt University, 1879, Julien.
Morton, Hartwell F., certificate Lamar county board, Fayette Court House.
Pasteur, James M., University of Pennsylvania, 1849, Fayette Court House.
Ponder, Abraham V., St. Louis medical college, 1880, Fayette Court House.
Shelton, Henry, certificate Tuskaloosa board, 1848, Fayette Court House.
Willingham, William Rufus, medical department University of Tennessee, 1860, Willingham.
Woods, Thomas B., Louisville medical college, 1878, Mt. Calm.
Wood, Robert Wilson, Louisville medical college, 1879, Willingham.
Membership—16.

There are no irregular practitioners in the county.

Removed from the county—Dr. William James Baird, graduate of the University of Maryland. 1881, Baltimore, formerly of Willingham, to Corona, Walker county.

Died.—James J. Jones, M. D., graduate of Louisville medical college, class of 1879, Newtonville.

GREENE COUNTY MEDICAL SOCIETY.

President—Thomas J. Turpin, M. D., Eutaw.
Secretary—Shelby C. Carson, M. D., Burton's Hill.
President of the Board of Censors—Thomas J. Turpin, M. D., Eutaw.
County Health Officer—James P. Barclay, M. D., Eutaw

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Barclay, James Paxton, University of New York, 1871, Eutaw.
Boyce, James Spann, Louisville Hospital medical college, 1882, Clinton.
Brassfield, Milton Turner, University of New York, 1869, Forkland.
Byrd, Alexander Hamilton, University of New York, 1869, Forkland.

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Byrd, Robert Taylor, University of New York, 1869, Boligee.
Carson, Shelby Chadwick, certificate county board, 1880, Burton's Hill.
Duncan, Augustus Meek, medical college of Alabama, 1874, West Green.
Faut, Joseph Lewis, medical college of South Carolina, 1876, Forkland.
McGehee, Dabney Oswell, medical college of Alabama, 1872, Knoxville.
Minor, Phillip Barbour, University of Pennsylvania, 1852, Forkland.
Minor, John Launcelotte, medical college of Alabama, 1883, Mount Hebron.
Morgan, Isaac DuBose, University of Pennsylvania, 1858, Eutaw.
Murphey, Samuel Silenus, medical college of Alabama, 1881, Pleasant Ridge.
Pierce, Thomas William, University of Virginia, 1854, Knoxville.
Pyles, Newton Cyrus, Jefferson medical college, 1860, Clinton.
Sanders, Charles Peak, Transylvania University, 1842, Pleasant Ridge.
Sanders, John Henry, Atlanta medical college, 1856, Clinton.
Smith, John James Alexander, Atlanta medical college, 1858, Union.
Smith, Amand Pfister, Kentucky school of medicine, 1875, Knoxville.
Snoddy, Samuel, Transylvania University, 1831, Mantua.
Snoddy, Virgil, medical college of Alabama, 1873, Mantua.
Thetford, William Fletcher, University of Louisiana, 1867, Boligee.
Turpin, Thomas James, University of Louisiana, 1871, Eutaw.
Webb, Henry Young, Jefferson medical collge, 1846, Eutaw.
White, John McElroy, Vanderbilt University, 1876, Pleasant Ridge.
Membership—25.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Mobley, William A., medical college of Alabama, 18—, Pleasant Ridge.
Parham, George Washington, certificate county board, 1883, Knoxville.

HONORARY MEMBERS.

Murphey, Adolphus Sadler, New Orleans school of medicine, 1856, Eutaw.
Watkins, Albert Emmet, Baltimore dental college, 1862, Eutaw.

Removed from the county—Dr. Charles McAlpin Watson, formerly of Eutaw, to Lauderdale county.

Dr. John Miller, graduate of the medical college of Alabama, was examined by the county board and certificate granted.

Died—Jubal Carpenter, M. D., Eutaw, graduate of the Atlanta medical college, class of 1859.

The Board of Censors resigned before the election of the new board, owing to a disagreement between them and the county commissioners.

The roll of officers here given is that of 1884.

This society tendered the surrender of its charter at the Greenville session, 1885, but the Association refused to accept it. It was therefore referred to the Board of Censors for investigation.

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HALE COUNTY MEDICAL SOCIETY.

President—Elisha Young, M. D., Greensboro.
Secretary—E. Burton Ward, M. D., Greensboro.
President of the Board of Censors—Francis M. Peterson, M. D., Greensboro.
County Health Officer—William C. Avery, M. D., Greensboro.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Avery, William Cushman, University of Pennsylvania, 1857, Greensboro.
Borden, James Pennington, medical department of Southern University, 1873, Greensboro.
Duggar, Reuben Henry, University of Pennsylvania, 1858, Gallion.
Huggins, Jacob, University of Pennsylvania, 1860, Newbern.
Inge, Richard, University of Virginia, 1870, and University of New York, 1871, Greensboro.
Owen, William Henry, medical department University of Nashville, and Vanderbilt University, 1880, Flinn's Mill.
Peterson, Francis Marion, University of New York, 1868, Greensboro.
Pickett, Joseph Martin, medical college of Alabama, 1874, Sawyersville.
Turk, William Luther, University of Nashville, 18—, Cedarville.
Ward, Edward Burton, University of New York, 1882, Greensboro.
Ward, Thomas Robert, medical college of South Carolina, 1853, Greensboro.
Young, Elisha, Jefferson medical college, 1859, Greensboro.
Membership—12.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Anderson, Thomas J., University of Louisville, 18—, Acron.
Browder, James D., Jefferson medical college, 18—, Gallion.
Brown, W. R., Jefferson medical college, 1845, Havana.
Gewin, William C., University of Louisville, 18—, Acron.
Hedleston, James Lawrence, medical college of South Carolina, 1855, Stewart's Station.
Higgins, Albert William, medical college of South Carolina, 1854, Newbern.
McCrary, William, certificate county board, 1878, Halesboro.
Spencer, George M., certificate county board, 18—, Warren's Store.
Wedgeworth, William M., college of Physicians and Surgeons, Baltimore, Newbern.

Dr. William McNeil Wedgeworth, of Newbern, graduate of the college of Physicians and Surgeons, Baltimore, class of 1884, passed a successful examination before the county board and admitted to practice.

There were two irregular practitioners in the county; names not given. One was arraigned before the county board, plead guilty and paid the fine, but is still practicing.

Removed from the county—Dr. Offa Lunsford Shivers, formerly of New-

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bern, graduate of the University of Nashville, class of 1873, to Marion, Perry county.

Retired from practice—Dr. Archibald Lawson, of Greensboro.

There have been no deaths during the year.

HENRY COUNTY MEDICAL SOCIETY.

President—John P. Crawford, M. D., Columbia.
Secretary—Fleming Isaac Moody, M. D., Abbeville.
President of the Board of Censors—John L. Fowler, M. D., Shorter's. ville.
County Health Officer—Fleming Isaac Moody, M. D., Abbeville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Bowen, Oliver Bulow, Savannah medical college, 1860, Lawrenceville.
Crawford, John Peter, medical department University of Louisville, 1851, Columbia.
Darby, John Isaac, Louisville medical college, 1880, Columbia.
Fowler, John Lindsey, medical college of South Carolina, 1883, Shortersville.
Fowler, James Thomas, medical college of South Carolina, 1883, Shortersville.
Hammond, George Augustus, Baltimore medical college, 1884, Gordon.
Lee, William Joseph, medical department University of Louisiana; University of Nashville, 1861, Abbeville.
Minter, John Frederick, Georgia medical college, 1878, Columbia.
Moody, Fleming Isaac, college of Physicians and Surgeons, Baltimore, 1876, Abbeville.
Stovall, John Thomas, Louisville medical college, 1879, Columbia.
Wimberly, Robert Samuel, certificate county board, 1884, Abbeville.
Membership -11.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bird, John Simmons, Louisville medical college, 1876, Wesley's, expelled for unprofessional conduct.
Lewis, James L., Atlanta medical college, 1884, Columbia.
Long, James Benjamin, Louisville medical college, Abbeville, expelled for unprofessional conduct.
Oates, Wyatt Samuel, one course student, Headland.
Price, James Edmund, one course student, Headland.
Smith, James Burwell, University of Pennsylvania, 1837, Columbia.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Granger, John Wesley, Botanic, Granger's.
Middlebrooks, Elijah E., Botanic medical college, 1847, White Pond.

Dr. James L. Lewis, graduate of the Atlanta medical college, class of 1884, passed a successful examination before the county board and was admitted to practice.

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Moved into the county—Dr. James L. Lewis, resident of Columbia.

Moved out of the county—Dr. Charles Thomas Morris, formerly of Lawrenceville, graduate of Louisville medical college, class of 1881, to Fort Gaines, Georgia.

No deaths.

JACKSON COUNTY MEDICAL SOCIETY.

President—George W. Story, M. D., Santa.
Secretary—George W. Foster, M. D., Stevenson.
President of the Board of Censors—William Mason, M. D., Fabius.
County Health Officer—James P. Rorex, M. D., Scottsboro.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Adkins, Charles W., university of Louisville, 1868, Langston.
Blackmore, Andrew Newton, university of Nashville, 1880, Dodsonville.
Brewer, Joseph Martin, Vanderbilt university, 1882, Trenton.
Foster, George Winfield, Vanderbilt university, 1882, Stevenson.
Graham, Mike, certificate county board, 1869, Stevenson.
Horton, John Jackson, Vanderbilt university, 1881, Bass.
Maples, William C., medical department university of Tennessee, 1881, Bellefonte.
Mason, William, Transylvania university, 1846, Fabius.
McCord, David Blackburn, university of Nashville, 1855, Scottsboro.
McCord, John Harvey, certificate county board, 1876, Scottsboro.
McCullough, Albert Morris, certificate county board, 1880, Bellefonte.
Padgett, David Anderson, Vanderbilt university, 1882, Fackler.
Rorex, James Polk, medical college of Alabama, 1875, Scottsboro.
Smith, William B., certificate county board, 1878, Santa.
Story, George Washington, university of Nashville, 1855, Santa.
Membership—15.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allen, William Henry, certificate county board, 1884, Langston.
Boyd, James Harvey, University of Nashville, 1860, Larkinsville.
Clarke, John Fletcher, certificate county board, 1882, Garth.
Derrick, LaFayette, certificate county board, 1882, Woodville.
Ducket, Joseph Anderson, certificate county board, 1882, Larkin's Fork.
Gattis, Henry Franklin, certificate county board, 1882, Princeton.
Grant, Felix Robertson, certificate county board, 1882, Larkin's Fork.
Huffar, D. W., University of Tennessee, 1881, Woodville.
Knowlton, James Wiley, Vanderbilt University, 1883, Paint Rock.
Lee, E. L., University of Nashville, 1873, Bridgeport.
McAffee, Green Prior, certificate county board, 1882, Lime Rock.
Parks, James Monroe, certificate county board, 1884, Scottsboro.
Roberts, James O., certificate county board (retired), Garth.
Smith, Barton Brown, University of Nashville, 1867, Larkinsville.

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Spiller, William Kingston, Vanderbilt University, 1874, Bridgeport.

There are no irregular practitioners in the county.

Moved into the county—Dr. Isaac Fox DeLong, formerly of Triana, Madison county, to Texas, this county.

Removed from the county—Dr. Hezekiah Lee Martin, formerly of Lime Rock, graduate of Vanderbilt University, class of 1881, to Gurleyville, Madison county.

Died—Thomas Taylor Cotnam, M. D., Stevenson, formerly of DeKalb county, graduate of the University of Nashville, class of 1855, December 11, 1884.

Dr. James Wiley Knowlton, of Paint Rock, graduate of Vanderbilt University, class of 1883, passed a successful examination before the county board, and was admitted to practice.

There were no examinations preliminary to the study of medicine.

JEFFERSON COUNTY MEDICAL SOCIETY.

President—John C. Dozier, M. D., Birmingham.
Secretary—Benjamin G. Copeland, M. D., Birmingham.
President of the Board of Censors—John W. Sears, M. D., Birmingham.
County Health Officer—Henry J. Winn, M. D., Birmingham.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Burgamy, Tilman Purifoy, Jefferson medical college, 1885, Birmingham.
Cooper, William Dudley, Jefferson medical college, 1869, Birmingham.
Cochrane, Hardin Perkins, University of New York, 1874, Birmingham.
Copeland, Benjamin Grigsby, Jefferson medical college, 1883, Birmingham.
Davis, John Daniel Sinkler, Atlanta medical college, 1879, Birmingham.
Davis, William Elias B., Bellevue Hospital medical college, 1884, Birmingham.
Dozier, John Calhoun, University of Nashville, 1858, Birmingham.
Earl, Edward Pickens, medical college of South Carolina, 1880, Birmingham.
Hayes, John Moore, Nashville medical college, 1857, Pratt Mines.
Heard, Thomas Henry, medical department University of Georgia, 1857, Birmingham.
Henley, Albert Thomas, University of New York, 1869, Birmingham.
Hughes, Price Martin, University of Louisiana, 1882, Birmingham.
Jordan, Mortimer Harvey, Miami medical college, 1868, Birmingham.
Lacy, Edward P., certificate county board, 18—, Trussville.
Ledbetter, Samuel Leonidas, university of Louisville, 1869, Birmingham.
Luckie, James Buchner, University of Pennsylvania, 1853, Birmingham.
Lusk, Percy Bradford, University of Louisiana, 18—.
McCarty, James Henry, Atlanta medical college, 1880, Birmingham.
Naff, John Mortimer, Vanderbilt University, 1885, Birmingham.
Prince, Francis Marion, Jefferson medical college, 1849, Jonesboro.

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Robinson, Thomas F., Vanderbilt University, 1881, Jonesboro.
Rosser, Henry Nathaniel, Atlanta medical college, 1869, Birmingham.
Sears, John William, University of Pennsylvania, 1850, Birmingham.
Shoemaker, Wooster Ney, Columbus (Ohio) medical college, 1878, Birmingham.
Sholl, Edward Henry, Pennsylvania medical college, 1856, Birmingham.
Whelan, Charles, University of Louisiana, 1866, Birmingham.
Winn, Henry Jasper, University of Pennsylvania, 1858, Birmingham.
Membership—27.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abercrombie, John Patterson, medical college of Alabama, 1880, Cedar Grove.
Abernethy, Burwell Gideon, College Physicians and Surgeons, Baltimore, Md., 1879, Birmingham.
Abernethy, Jones Cadwalader, University of Louisiana, 1859, Birmingham.
Acton, Samuel W., medical college of Alabama, 1860, Trussville.
Bevans, James Madison, certificate Madison county board, 1871, Warrior.
Brewster, Andrew Jackson, medical college of Alabama, 1880, Birmingham.
Brown, George Washington, Atlanta medical college, 1877, Pratt Mines.
Brown, Thomas Jefferson, Vanderbilt University, 1885, Pratt Mines.
Cross, Samuel Mardis, Georgia medical college, 1860, Oxmoor.
Crow, Andrew Jackson, Atlanta medical college, 1868, Warrior.
Cunningham, Russell McWhorter, University of New York, 1879, Pratt Mines.
Edwards, Robert Smith, Atlanta medical college, 1871, Trussville.
Ellis, Gideon Wesley, certificate Elyton Botanical Association, 1872, Morris.
Douglass, Albert Gallatin, Vanderbilt University, 1881, Reading.
Foster, Ezra, certificate county board, 18—, Toad Vine.
Green, Robert Smith, medical college of Alabama, 1860, New Castle.
Mathews, Robert Julius, Georgia medical college, 18—, Warrior.
McClendon, J. W., college not given, Irondale.
Oates, D. D., University of Pennsylvania, 1860, certificate Blount county board, 1879, Leeds.
Posey, William Felix, medical college of Alabama, 1851, Mt. Pinson.
Ragsdale, Milton, medical college of Atlanta, 18—, McCalla.
Roberts, Martin, certificate county board, 1878, Haygood's Cross Roads.
Vann, James Bird, University of Louisiana, 1881, Huffman.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Meadows, Albert E. (Homeopathist), Hahnemann medical college, Philadelphia, 1883, Warrior.
Monroe, Albert Leight (Homeopathist), Pulte medical college, Ohio, 1879, Birmingham.

Drs. Thomas J. Brown, Pratt Mines, graduate Vanderbilt University, class of 1884; Wilson Cunningham, Birmingham, graduate of the University of

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Pennsylvania, class of 1884; Benjamin Franklin Jones, Jonesboro, graduate of the Miami medical college, Ohio; Percy Bradfield Lusk, Birmingham, graduate of the University of Louisiana, class of 1883, passed successful examinations before the county board, and were admitted to practice.

Drs. John E. Clemens, of Louisville, Ky., graduate of the Louisville medical college, class of 1881; John W. Hurt, of Atlanta, Ga., graduate of the Atlanta medical college, class of 1882; LeRoy Fearn, (col'd), graduate of Meharry medical college, class of 1882; John Thomas Moore, of Newnan, Georgia, graduate of Vanderbilt University, class of 1875; John E. Robbins; Alexander M. Cheek, Homeopathist, graduate of Pulte medical college, Cincinnati, Ohio, 1876, passed unsuccessful examinations before the county board and were refused certificates.

Removed from the county—Drs. Offa Lunsford Shivers, of Birmingham, graduate of the University of Nashville, 1873, to Newbern, Hale county, where he formerly resided; E. Powell Riggs, of Birmingham, graduate of the College of physicians and surgeons, Baltimore, 1881, to Falkham, Greene county, and Dr. Joseph M. B. Johnston, certificate county board, 1883, formerly of Jonesboro, to Alice.

There were four members of the society dropped from the roll for nonpayment of annual dues.

No removals into the county; no examinations preliminary to the study of medicine.

Died—Joseph Whitworth Burton, M. D., of Milner coal mines, graduate of Nashville medical college, 1877.

LAMAR COUNTY MEDICAL SOCIETY.

President—William L. Morton, M. D., Vernon.
Secretary—Benjamin F. Reed, M. D., Cansler.
President of the Board of Censors—William H. Kennedy, M. D., Kennedy.
County Health Officer—Robert J. Redden, M. D., Cansler.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Barksdale, James Ira, University of Nashville, 1872, Olinda.
Blakeney, Lewis Columbus, medical college of Alabama, 1874, Gentry.
Brown, William A., (college not given), Vernon.
Collins, James W. (college not given), Kingsville.
Kennedy, John Oscar, medical college of Alabama, 1882, Kennedy.
Kennedy, William Henson, Nashville medical college, 1851, Kennedy.
Morton, Martin Watson, Cincinnati medical college, 1873, Vernon.
Morton, William Locke, University of Louisiana, 1874, Vernon.
Reed, Benjamin Franklin, (college not given).
Redden, Robert James, Baltimore medical college, 1873, Cansler.
Seay, James (college not given), Mill Port.

Membership—11.

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LAWRENCE COUNTY MEDICAL SOCIETY.

President—Reese B. Porter, M. D., Town Creek.
Secretary—William L. Dinsmore, M. D., Moulton.
President of the Board of Censors—John M. Clark, M. D., Moulton.
County Health Officer—Fortunatus S. McMahon, M. D., Courtland.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Ashford, Edward Clinton, University of Louisiana, 1857, Courtland.
Burkett, Benjamin Bascom, College of Physicians and Surgeons, New York, 1870, Hillsboro.
Carter, Parkerson P., certificate county board, 1879, Brickville.
Clark, John McWhorter, University of Louisville, 1850, Moulton.
Crow, Calvin Augustus, Jefferson medical college, 1854, Moulton.
Dinsmore, David Finley, University of Louisville, 1872, Landersville.
Dinsmore, William Lewis, Vanderbilt University, 1881, Town Creek.
Hodges, John Pruitt, University of Nashville, 1872, Oakville.
Houston, Leonidas W., University of Nashville, Town Creek.
Martin, John Rufus, University of Nashville, 1869, Hatton.
Mastison, Byron O., Indiana medical college, 1869, Avoca.
Mastison, John T., Philadelphia university of medicine and surgery, 18—, Moulton.
McMahon, Fortunatus Sidney Shackleford, University of Pennsyvalnia, 1857, Courtland.
Newsum, Henry Fairfax, Memphis medical college, 1870, Courtland.
Porter, Reese Bowen, University of Nashville, 1868, Town Creek.
Simms, Edgar Thomas, Philadelphia university of medicine and surgery, 1869, Hillsboro.
Sykes, Andrew Jackson, University of Louisville, 1851, Courtland.
Membership—17.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bolling, George Washington, University of Louisville, 18—, Landersville.
Jones, Thomas N., University of Louisville, 18—, Mount Hope.
King, Benjamin R., University of Pennsylvania, 18—, Leighton.
Robinson, John A. P., St. Louis medical college, 18—, Leighton.
Shegog, George, King's college, Dublin, Ireland, 1846, Leighton.

There are no irregular practitioners in this county.

Removed from the county—Dr. Buchanan Sale Wert, formerly of Moulton, graduate of the University of Louisville, class of 1878, to Chattanooga, Tennessee; Dr. Andrew V. Ponder, formerly of Mount Hope, graduate of the American medical college, 18—, to Fayette court house, Fayette county.

Died—Charles W. B. Ligon, M. D., of Moulton, graduate of the University of Louisville, 1884, of pneumonia.

This society had no representative at the Selma session, and no report or dues were received from it. It was therefore ordered to be investigated by the Board of Censors last year. At the Greenville session it had no repre-

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sentative. The annual report was sent up but no dues received from it. It was therefore ordered, upon the recommendation of the Board of Censors, to be retained on the roll.

LEE COUNTY MEDICAL SOCIETY.

President—Aurelius G. Emory, M. D., Opelika.
Secretary—Levin W. Shephard, M. D., Opelika.
President of the Board of Censors—John B. Barnett, M. D., Opelika.
County Health Officer—Abijah B. Bennett, M. D., Opelika.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Barnett, John Blalock, University of New York, 1854, Opelika.
Bedell, Robert Bruce, University of Tennessee, 1869, Opelika.
Bennett, Abijah Benjamin, college of physicians and surgeons, Baltimore, 1881, Opelika.
Bloodworth, Wiley Washington, Jefferson medical college, 1853, Loachapoka.
Drake, John Hodges, Atlanta medical college, 1857, Auburn.
Emory, Aurelius Grigsby, medical department University of Louisiana, 1862, Opelika.
Floyd, James William Daniel, University of Pennsylvania, 1820, Salem.
Griffin, William Henry Harrison, medical college of South Carolina, 1835, Opelika.
Love, James Madison, medical college of South Carolina, 1854, Salem.
McIntosh, M. E., college not given, ——, Opelika.
McCoy, Amos Washington, Georgia medical college, 1846, and medical department of the University of New York, 1853, Opelika.
Shepherd, Levin Wilson, medical department of the University of New York, 1859, Opelika.

Membership—12.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Fowler, Andrew Jackson, college nor post-office ascertained.
Johnson, William Henry, Atlanta medical college, 1867, Loachapoka.
Love, William James, Atlanta medical college, 1854, Wacoochee.
McCoy, Charles B., college of physicians and surgeons, Baltimore, —— Opelika.
Shelton, M. D., University of Nashville, ——, Salem.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Hobbs, Joel Virgil, (Eclectic), Southern medical college, 1851, Lively.
Lamar, William Henry, (Eclectic), ——, Auburn.
Williams, J. W. R., (Eclectic), ——, Opelika.

Removed from the county—Dr. Andrew Thomas Rowe, formerly of Auburn, graduate of Georgia medical college, 1859, to Dadeville, Tallapoosa county.

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Dr. W. D. Humphrey, of Wisconsin, graduate of the St. Louis Eclectic college, and the Cincinnati medical college, passed a successful examination before the county board and was admitted to practice.

LIMESTONE COUNTY MEDICAL SOCIETY.

President—Theophilus Westmoreland, M. D., Athens.
Secretary—Paul C. Gaston, M. D., Athens.
President Board of Censors—John R. Hoffman, M. D., Athens.
County Health Officer—John R. Hoffman, M. D., Athens.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Fish, William Thomas, University of New York, 1856, Athens.
Gaston, Paul Cheeves, Vanderbilt University, 1878, Athens.
Hagan, William James, Jefferson medical college, 1884, Athens.
Hill, Henry Willis, University of New York, 1849, Mooresville.
Hoffman, John Richardson, Jefferson medical college, 1858, Athens.
Houston, John Samuel, University of Louisville, 1877, Athens.
Pettus, Joseph Albert, University of Nashville, 1867, Elkmont.
Rankin, James Coffield Mitchell, University of Nashville, 1858, Belle Mina.
Westmoreland, Theophilus, University of Nashville, 1856, Athens.
Withers, Samuel Jordan, University Nashville, 1856, Athens.
Membership—10.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Carter, Jonas J., certificate county board, 1878, Athens.
Collins, J. M., college not given, Athens.
Dupree, W. J., college not given, Athens.
Moore, Elisha D., college not given, Athens.
Pettus, Thomas Coleman, certificate of the Madison county board, 1844, Pettusville.
Wilkinson, M. R., University of Nashville, 1867, Westmoreland.
Williams, G. A., University of Nashville, 1880, Athens.
York, Seborn E., Louisville medical college, 1878, Athens.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Dickson, Spencer C. (botanic), Athens.
Johnston, George, (botanic), Elk River Mills.
Moebes, Otto, (Homœpathist), Athens.

Dr. William J. Hagan, Athens, graduate of the Jefferson medical college, class of 1884, and James Abram Hill, Monroeville, graduate of Vanderbilt University, class of 1884, passed successful examinations before the county board and were admitted to practice.

There have been no deaths; no removals; no application preliminary to the study of medicine.

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LOWNDES COUNTY MEDICAL SOCIETY.

President—John A. Pritchett, M. D., Hayneville.
Secretary—Shirley Bragg, M. D., Lowndesboro.
President of the Board of Censors—Hugh W. Caffey, M. D., Hayneville.
County Health Officer—Shirley Bragg, M. D., Lowndesboro.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Bowie, Andrew, medical college of South Carolina, 1854, Benton.
Bragg, Shirley, medical college of Alabama, 1875, Lowndesboro.
Caffey, Hugh William, medical college of South Carolina, 1855, Hayneville.
Carr, George Washington LaFayette, University of Pennsylvania, 1855, Fort Deposit.
Cilley, Phillip Noble, University of Louisiana, 1848, Lowndesboro.
Dilburn, Samuel George, medical college of Alabama, 1875, Bragg's Store.
Hopping, Daniel Stiles, Jefferson medical college, 1852, Letohatchie.
Mushat, John Patrick, medical college of South Carolina, 1855, Hayneville.
Peake, William E., Vanderbilt University, 1883, Farmersville.
Peake, John Samuel, medical college of South Carolina, 1854, Farmersville.
Pritchett, John Albert, University of Virginia, 1879, Hayneville.
Reese, Charles Edwin, Jefferson medical college, 1855, Lowndesboro.
Russell, John Hamilton, certificate county board, 1878, Sandy Ridge.
Sanderson, Edmund Lindsay, Jefferson medical college, 1857, Letohatchie.
Weaver, William Calvin, University of Tennessee, 1883, Fort Deposit.

Membership—15.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Ansley, John Samuel, Atlanta medical college, 1876, Mount Willing.
Bruner, Pinckney McDonald, medical college of Alabama, 1861, Bragg's Store.
Bruner, Oliver Glenn, medical college of Alabama, 1884, Bragg's Store.
Haygood, Daniel, medical college of South Carolina, 1859, Mount Willing.
McRee, Abram Cruser, University of Pennsylvania, 1850, Lowndesboro.
Owen, Paschal Harrison, University of New York, 1859, Morgansville.
Pierce, Dunklin, University of Louisiana, 1858, Benton.
Stephens, James John, Georgia medical college, 1859, Sandy Ridge.
Stewart, William Champneys, college not given, Benton.

There are no irregular practitioners in the county.

Dr. Oliver Glenn Bruner, of Bragg's Store, graduate of the medical college of Alabama, class of 1884, passed a successful examination before the county board and was admitted to practice.

Dr. Crook, of Mount Willing, graduate of the medical college of Alabama, class of 188--, passed an unsuccessful examination before the county board; certificate refused.

No deaths ; no removals.

Removed into the county—Dr. Aurelius Daniel Coleman, formerly of Louisiana, to Mount Willing.

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MACON COUNTY MEDICAL SOCIETY.

President—Benjamin F. Johnston, M. D., Notasulga.
Secretary—Howard A. Alexander, M. D., Tuskegee.
President of the Board of Censors—Francis M. Letcher, M. D., Shorter's.
County Health Officer—Wesley F. Hodnett, M. D., Tuskegee.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Alexander, Howard Augustus, Kentucky School of Medicine, 1875, Tuskegee.
Arberry, William Buchanan, Vanderbilt University, 1882, Notasulga.
Boyd, Charles LeRoy, medical college of South Carolina, 1856, LaPlace.
Brunson, Thaddeus W., University of Pennsylvania, 1847, Society Hill.
Gautier, William Jones, University of Pennsylvania, 1850, Tuskegee,
Griggs, John Gardner, University of Pennsylvania, 1853, Tuskegee.
Hodnett, Wesley Forbush, Transylvania University, 1836, Tuskegee.
Johnson, Benjamin Franklin, medical college of South Carolina, 1843, Notasulga.
Letcher, Francis Marion, University of Louisiana, 18—, Shorter's.
Lightfoot, John Steele, medical department University of Nashville, 1868, Shorter's.
Membership—10.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Ellison, James E., medical college of Georgia, 1848, Creek Stand.
Ivey, Benjamin Franklin, certificate county board, 1878, Tuskegee.
Judkins, George Bernard, Jefferson medical college, 1859, Shorter's.
Sistrunk, John, University of New York, 1858, Society Hill.
Wagnon, John Troup, certificate county board, 1879, Shorter's.
Williams, Frederick William, University of Pennsylvania, 1852, LaPlace.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Reynolds, William Augustus, system unknown, Warrior Stand.

There have been no applications for examinations either to begin the study of, or to engage in the practice of medicine.

No removals from or into the county.

Died—James W. Boyd, M. D., LaPlace, graduate of the medical college of South Carolina, 1856, September, 1884, of congestion of the brain.

MADISON COUNTY MEDICAL SOCIETY.

President—John J. Dement, M. D., Huntsville.
Secretary—Lewis C. Pynchon, M. D., Huntsville.
President of the Board of Censors—Milton C. Baldridge, M. D., Huntsville.
County Health Officer—Milton C. Baldridge, M. D., Huntsville,

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NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Baldridge, Milton Columbus, Bellevue Hospital medical college, 1874, Huntsville.
Barclay, John Wyeth, Jefferson medical college, 1869, Huntsville.
Bronillette, Piere Lawrence, medical college of Ohio, 1871, Huntsville.
Dement, John Jefferson, University of Pennsylvania, 1853, Huntsville.
Erskine, Albert Russell, University of Pennsylvania, 1851, Huntsville.
Fletcher, Richard Mathew, University of Pennsylvania, 1854, Madison.
Glover, A. N., University of Nashville, 18—, Owens' Cross Roads.
Logan, Abner Louis, University of Nashville, 1858, Whitesburg.
Lowery, Samuel Hickman, Bellevue Hospital medical college, 1873, Huntsville.
Macon, Joseph Sumter, Atlanta medical college, 1880, Hays' Store.
McLain, David Henry, medical college of Alabama, 18—, Maysville.
Norris, George Dashiells, University of Maryland, 1831, New Market.
Pynchon, Lewis Charlton, Jefferson medical college, 18—, Huntsville.
Shelby, Antony Bouldin, certificate county board, 1878, Huntsville.
Watts, John P., University of Louisville, 18—, Meridianville.
Membership—15.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Blanton, John C., University of Louisville, 18—, New Market.
Blanton, Charles E., Vanderbilt University, 18—, New Market.
Brazleton, John H., Vanderbilt University, 18—, Berkley.
Burwell, Edwin D., Kentucky medical college, 18—, Cluttsville.
Carter, John W., University of Nashville, 18—, Cluttsville.
Flint, John C., University of Louisville, 18—, Gurleyville.
Gillespie, James E., Vanderbilt University, 18—, Madison.
Hatcher, Alexander W., college not given, Hazel Green.
Hinds, Bryan W., University of Nashville, 18—, New Hope.
Jones, Andrew R , University of Nashville, 18—, New Market.
Lipscomb, DeKalb, certificate county board, 1878, New Market.
McDonnell, Henry, University of Louisiana, 18—, Huntsville.
Martin, Hezekiah L., college not given, Gurleyville.
Petty, Robert A., Alabama medical college, Hays' Store.
Pettus, William D., University of Nashville, 18—, Hays' Store.
Rivers, William E., certificate county board, 1870, New Hope.
Ridley, James L., University of Nashville, 18—, Huntsville.
Robinson, Charles A., Jefferson medical college, 18—, Huntsville.
Steger, F. E. B., University of Nashville, 18—, Mayesville.
Scruggs, Burgess (col'd), Central Union college, Nashville, 18—, Huntsville.
Slaughter, John R., University of New York, 18—, Madison.
Sullivan, George R., Shelby medical college, 18—, Madison.
Sullivan, William F., certificate county board, 18—, Owen's Cross Roads.
Taliafero, E. T., Transylvania University, 18—, New Market.
Wall, Alfred A., University of Pennsylvania, 18—, Mayesville.

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IRREGULAR PRACTITIONERS IN THE COUNTY.

Cochran, R. E. (eclectic), Botanic medical college, Memphis, 18—, New Market.

Rice, Francisco, certificate county board, 1878, New Market.

Removed from the county—Dr. John W. Adams, formerly of Gurleyville, graduate of Richmond medical college, to Virginia (post-office unknown). Dr. Isaac Fox DeLong, formerly of Triana, graduate of the University of Louisiana, 1853, to Edwardsville, Cleburne county.

Died—A. S. Harris, M. D., graduate of the University of Pennsylvania, resident at Madison, of pneumonia; William Fleming Jordan, M. D., graduate of Jefferson medical college, residing near Mayesville, of uræmia; David Shelby, M. D., certificate county board, resident at Huntsville, of uræmia.

There were no examinations.

MARENGO COUNTY MEDICAL SOCIETY.

President—James H. George, M. D., Linden.
Secretary—Hobart C. Duggar, M. D., Van Dorn.
President of the Board of Censors—George Whitfield, M. D., Old Spring Hill.
County Health Officer—Charles B. Whitfield, M. D., Demopolis.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Allen, William Howard, Louisville medical college, 1882, Sweetwater.
Bailey, Edward Howe Corrie, University of Virginia, 1848, Demopolis.
Duggar, Hobart Cobbs, medical college of Alabama, 1879, Van Dorn.
George, James Hosea, medical college of South Carolina, 1867, Linden.
Kimbrough, William Leonard, University of Louisiana, 1881, Shiloh.
McCants, Robert Bell, Southern medical college, 1882, Jefferson.
McCorkle, Thomas S., medical college of Alabama, 1883, Dayton.
Poellnitz, Benjamin Bruno, University of Louisiana, 1847, Linden.
Ruffin, James Sterling, University of Pennsylvania, 1849, Demopolis.
Whitfield, Bryan Watkins, University of Pennsylvania, 1853, Demopolis.
Whitfield, Charles Boaz, College of Physicians and Surgeons of New York, 1871, Demopolis.
Whitfield, George, University of Pennsylvania, 1858, Old Spring Hill.
Membership—12.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allen, J. A., Graffenburg Institute, 1853, Shiloh.
Bethea, Henry, University of Louisiana, 1861, Faunsdale.
Bettis, Thomas J., University of Louisiana, 18—, Hoboken.
Drummond, William Fletcher, University of Maryland, 1849, Magnolia.
Evans, Isaiah Thomas, Jefferson medical college, 1837, Luther's Store.

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Gillespie, Robert Clanton, Louisville medical college, 1883, Dixon's Mills.
Horn, Frank Clements, medical college of Alabama, 1878, Uniontown.
Jones, Richard Augustus, Jefferson medical college, 1855, Dayton.
Jones, Wade Hampton, medical college of South Carolina, 1858, Jefferson.
King, Shubal S., University of Louisiana, 1847, McKinley.
Luther, John George Michael, University of Louisiana, 1860, Luther's Store.
McCants, Jason Samuel, Atlanta medical college, 1866, Jefferson.
Morgan, Henry Walter, medical college of Alabama, 1873, Dayton.
Nixon, William Goodwin, University of Pennsylvania, 1855, Nixonville.
Pegram, William Edward, certificate county board, 1844 (old board), Dayton.
Pinkston, James Madison, College of Physicians and Surgeons, Baltimore, 1878, Faunsdale.
Reese, Henry Winston, University of Pennsylvania, 1846, Van Dorn.
Slade, Henry, medical college of Alabama, 1872, Magnolia.
Smith, Seth David, University of Louisville, 1854, Demopolis.
Spotswood, Norborne Dandridge, Kemper college, St. Louis, 1844, Linden.
Strudwick, Edward, Jefferson medical college, 1857, certificate county board, 1878, Dayton.
Thomas, Charles B., Southern medical college, 1883, McKinley.
Thomas, John, certificate county board, 1878. Rembert.
Webb, James, University of Pennsylvania, 1842, Faunsdale.
Williamson, C. A., medical college of Alabama, 1882, Putnam.
Whitfield, James B., college not given, Demopolis.

Moved into the county—Drs. Thomas J. Bettis, graduate of the University of Louisiana, class of 18—, to Hoboken; Wade H. Jones, formerly of Brown's, Dallas county, graduate of the medical college of South Carolina, class of 1855, to Jefferson.

Removed from the county—Drs. Frederick Elliott Gordon, formerly of Linden, graduate of the medical college of Alabama, class of 1882, to Mobile, Mobile county ; William Henry Sledge, formerly of Jefferson, graduate of the medical college of Alabama, class of 1881, to Livingston, Sumter county.

There have been no deaths; no examinations; no applications preliminary to the study of medicine.

MOBILE COUNTY MEDICAL SOCIETY.

President—Samuel R. Oliphant, M. D., Mobile.
Secretary—Charles A. Mohr, M. D., Mobile.
President of the Board of Censors—George A. Ketchum, M.D., Mobile.
County Health Officer—William B. Pape, M. D., Mobile.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Anderson, William Henry, University of Virginia, 1842, Mobile.
Cochran, Jerome, University of Nashville, 1861, Mobile.

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Crampton, Orson Lucius, Bellevue Hospital medical college, 1865, Mobile.
Dickson, Edward, medical college of Alabama, 1882, Mobile.
Goldsborough, Charles Bloomfield, University of Pennsylvania, 1876, surgeon in the Marine Hospital, Mobile.
Goode, Rhett, medical college of Alabama, 1871, Mobile.
Gordon, Frederick Elliott, medical college of Alabama, 1882, Mobile.
Hamilton, Isaac Beeson, University of Pennsylvania, 1884, Mobile.
Heustis, James Fountain, University of Louisiana, 1848, Mobile.
Hirschfeld, Henry P., University of Pennsylvania, 1877, Mobile.
Inge, Henry Tutwiler, University of the city of New York, 1883, Mobile.
Ketchum, George Augustus, University of Pennsylvania, 1846, Mobile.
Mohr, Charles A., medical college of Alabama, 1884, Mobile.
Oliphant, Samuel Rutherford, University of Louisiana, 1855, Mobile.
Owen, Goronway, University of Pennsylvania, 1857, Mobile.
Pape, William Barnesmore, Alabama medical college, 1882, Mobile.
Paton, William, medical college of Alabama, 1876, Mobile.
Reese, Augustus Jordan, University of Louisiana, 1849, Mobile.
Sanders, William Henry, Jefferson medical college, 1861, Mobile.
Sawyer, William Templeton, University of Louisiana, 1860, Whistler.
Scales, Thomas Sidney, College of Physicians and Surgeons, New York, 1867, Mobile.
Smith, Daniel Edgerly, medical college of Alabama, 1861, Mobile.
Southall, Robert Gordon, Jr., medical college of Alabama, 1883, Mobile.
Thomas, James Grey, University of Pennsylvania, 1856, Mobile.
Toxey, Caleb, University of Pennsylvania, 1860, Mobile.
Membership—25.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Beatty, William Gibbs, medical college of Alabama, 18—, Whistler.
Boyd, Robert A., (colored) Howard University, 18—, Mobile.
Edwards, William Mathews, medical college of Alabama, 1880, Bayou La Batre.
Hall, Alexander Powe, University of Louisiana, 1859, Mobile.
Hamilton, Joseph C., University of Pennsylvania, 1846, Mobile.
Hicklin, William C., medical college of South Carolina, 18—, Mobile.
Johnston, David E., Georgia medical college, 1868, Mobile.
Kennedy, J. Williams, college not given, (retired), Mauvilla.
Lovelady, William Milton, certificate county board, 1882, St. Elmo.
Mastin, Claudius Henry, Sr., University of Pennsylvania, 1849; Degree of L. L. D., 1875; Mobile.
Mastin, Claudius Henry, Jr., University of Pennsylvania, 1884, Mobile.
Mastin, William M., University of Pennsylvania, 1874 Mobile.
McAdory, William R., medical college of Alabama, 18—, Mobile.
McCarthy, M. E., medical college of Alabama, 18—, Whistler.
McVoy, Diego, University of Maryland, 18—, Spring Hill.
Micheal, Jacob G., University of Virginia, 18—, Citronelle.

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Reynolds, Samuel K., Jefferson medical college, 18—, Mobile.
Rhomer, J. F. B., University of Louisiana, 18—, Spring Hill.
Rhomer, William B., University of Louisinana, 18—, Grand Bay.
Tompkins, John E., Vanderbilt University, 18 - , Mobile.
Walker, Robert E., University of Nashville, 18--, Whistler.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Murrell, William J. (Homœopathist), Mobile.

Doctor William M. Martin, graduate of the University of Pennsylvania, class of 1884, Mobile, passed a successful examination before the county board, and was admitted to practice.

Removed from the county—Dr. E. W. Anzel, graduate of the Baltimore medical college, and formerly resident at Chinchula, post-office unknown.

Died—Framcis Armstrong Ross, M. D., Mobile, graduate of the University of Pennsylvania, class of 1841, of apoplexy, October 17, 1884; Edmund Pendleton Gaines, M. D., Mobile, graduate of the University of Pennsylvania, class of 1846, of chronic Bright's Disease, December 7, 1884; Christopher Columbus Sherrard, M. D., Mobile, graduate of the University of Pennsylvania, class of 1859, of jaundice, January 30, 1885.

MONROE COUNTY MEDICAL SOCIETY.

President—William W. McMillan, M. D., Glendale.
Secretary—James T. Packer, M. D., Monroeville.
President of the Board of Censors—Samuel S. Gaillard, M. D., Perdue Hill.
County Health Officer—William W. McMillan, M. D., Glendale.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Bradley, Hugh, University of Pennsylvania, 1856, River Ridge.
Boroughs, William Morris, medical college of South Carolina, 1857, Newtown Academy.
Dailey, Fielden Straughn, medical college of Alabama, 1871, Kempville.
Gaillard, Samuel Septimus, medical college of South Carolina, 1848, Perdue Hill.
Gaillard, George Walter, Louisville medical college, 1882, Perdue Hill.
Jenkins, James Samuel, medical college of South Carolina, 18—, Buena Vista.
McMillan, William Wallace, University of Louisiana, 1856, Glendale.
Packer, James Thomas, medical college of Alabama, 1873, Monroeville.
Russell, James Thomas, Georgia Reform medical college, Atlanta, 1856, Monroeville.
Shomo, Joseph Weatherford, Transylvania University, 1855, Mt. Pleasant.
Smith, William A., medical college of Alabama, 1881, Bell's Landing.
Membership—11.

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REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Draughn, Robert J., medical college of South Carolina, 18—, Claiborne.
Mason, W. J., (college not given), Activity.
Whisenhant, William, University of Nashville, 18—, Buena Vista.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Chapman, William R., Georgia Reform medical college, Atlanta, Ga., 18—, Old Texas.

There have been no deaths; no application to practice medicine; no application preliminary to the study of medicine; no removals into or from the county.

MONTGOMERY COUNTY MEDICAL SOCIETY.

President—Benjamin R. Pearson, M. D., Montgomery.
Secretary—Benjamin J. Baldwin, M. D., Montgomery.
President of the Board of Censors—Samuel D. Seelye, M. D., Montgomery.
County Health Officer—Benjamin R. Pearson, M. D., Montgomery.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Baldwin, Benjamin James, Bellevue Hospital medical college, 1877, Montgomery.
Baldwin. William Owen, Transylvania University, 1837, Montgomery.
Blue, John Howard, Washington University, Baltimore, Md., 1870, Montgomery.
Douglass, James, medical college of South Carolina, 1857, Montgomery.
Gaston, John Brown, University of Pennsylvania, 1855, Montgomery.
Hill, Luther Leonidas, University of New York, 1881, Montgomery.
Jackson, Walter Clarke, University of Pennsylvania, 1852, Montgomery.
Johnston, John Foot, medical college of South Carolina, 1848, Montgomery.
Jones, Benjamin Rush, Jefferson medical collge, 1836, Montgomery.
Jordan, James Reid, University of Maryland, 1884, Montgomery.
Kirk, Eben Bell, medical college of Alabama, 1885, Montgomery.
Means, Thomas Alexander, Atlanta medical college, 1857, Montgomery.
Michel, Richard Fraser, medical college of South Carolina, 1847, Montgomery.
Owen, Paschal Harrison, University of New York, 1859, Morganville.
Pearson, Benjamin Rush, medical college of Alabama, 1881, Montgomery.
Seelye, Samuel Dibble, University of New York, 1855, Montgomery.
Simpson, LeRoy Johnston, Bellevue Hospital medical college, 1883, Montgomery.
Taylor, William B., Bellevue Hospital medical college, 1879, Louisville medical college, 1875, Mt. Meigs.
Weatherly, Job Sobieski, University of New York, 1849, Montgomery.
Wilkinson, Wooten Moore, University of Virginia, 1879, University of New York, 1880, Montgomery.

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Whipple, Henry Lawrence, University of New York, 1844, Hope Hull.
Williams, Robert Silas, Jefferson medical college, 1848, Mt. Meigs.
Wood, Milton LeGrand, Bellevue Hospital medical college, 1877, Montgomery.

Membership—23.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Arnold, John B., college not ascertained, Pine Level.
Callaway, James H., college not ascertained, Oakley.
Davis, LeRoy W., medical college of Georgia, 1853, Morganville.
Dorsett, Charles Nathaniel (colored), University of Buffalo, 18—, Montgomery.
Elsberry, J. P., medical college of Virginia, 1860, Oakley.
Fouville, J. B., college not ascertained, Mt. Carmel.
Harris, Andrew Jackson, Jefferson medical college, 18—, Arcadia.
Hill, R. M., University of New York, 1860, Pike Road.
Howell, William Henderson, medical college of Atlanta, 1880, Mt. Carmel.
Jackson, Edward Beatty, medical college of Alabama, 1885, Ramer.
Ligon, Thomas Branch, University of New York, 1849, Montgomery.
Mason, John C., Bellevue Hospital medical college, 1881, Orion.
McDade, George Wilkerson, New Orleans school of medicine, 1861, Montgomery.
McLean, Frank, University of Louisiana, 1866, Hope Hull.
McGehee, Benjamin Elsberry, Louisville medical college, 1872, Pike Road.
Mullins, James Thomas, medical college of Georgia, 1872, Ramer.
Naftel, Saint John, Vanderbilt University, 1879, Strata.
Nicholson, John Cogburn, Jefferson medical college, 1855, Mt. Meigs.
Patton, George Robert, Vanderbilt University, 1869, Montgomery.
Rives, George, University of Pennsylvania, 1852, Snowdoun.
Robinson, Dudley, medical college of Alabama, 1851, Montgomery.
Sankey, John Thomas, college not ascertained, Montgomery.
Sellers, Anthony Hamilton, medical college of South Carolina, 1882, Ramer.
Spear, Pleasant, medical college of South Carolina, 18—, Oakley.
Stone, Henry Lewis, University of Maryland, 1868, Montgomery.
Temple, Beverly, college not ascertained, ——, Mt. Meigs.
Townsend, James Barnett, University of Nashville, 1879, Pine Level.
Watson, Van Buren, Kentucky school of medicine, 1880, Strata.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Byron, E. S., (Homeopathist), Montgomery.
Henry, J. Hazzard, (Homeopathist), certificate county board, 1879, Montgomery.
Landridge, J., (Homeopathist), retired, Montgomery.

Drs. Edward Beatty Jackson, Ramer, graduate of the medical college of Alabama, class of 1885; James Reid Jordan, formerly of Lexington, Virginia,

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graduate of the University of Maryland, class of 1884, passed successful examinations before the county board and were admitted to practice.

Moved into the county—Drs. Edward Beatty Jackson to Ramer; James Reid Jordan, formerly of Lexington, Virginia, to Montgomery; William D. Taylor, formerly of Snowdoun, to Mount Meigs.

Died—Abram Gindrat, M. D., Montgomery, Alabama, graduate of the University of New York, class of 1856, of consumption.

MORGAN COUNTY MEDICAL SOCIETY.

President—Scott L. Roundtree, M. D., Hartsell.
Secretary—William G. Gill, M. D., Decatur.
President of the Board of Censors—Benjamin F. Cross, M. D., Decatur.
County Health Officer—Benjamin F. Cross, M. D., Decatur.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Barcliff, William Anderson, University of Nashville, 1877, Hartsell.
Black, William B., certificate county board, 1877, Decatur.
Cross, Benjamin Franklin, University of Louisville, 1857, Decatur.
Cartwright, Oscar B., Vanderbilt University, 1879, Decatur.
Duncan, Henry Stallworth, University of Nashville, 1880, Trinity.
Gill, Jordan Lawson, certificate county board, 1877, Somerville.
Gill, William G., University of Louisville, 1843, Decatur.
Henry, Anslum Cicero, Memphis medical college, 1859, Hartsell.
Hunter, F. B , Vanderbilt University, 1881, Hartsell.
Minor, Lucian, medical college of South Carolina, 1849, Trinity.
Pickett, John Scott, University of Louisville, 1851, Danville.
Roundtree, Scott L., Jefferson medical college, 1858, Hartsell.
Sams, Eli M., Cincinnati medical college, 1853, Falkville.
Stephenson, Edison David, certificate county board, 1877, Danville.
Stephenson, Richard Lewis, certificate county board, 1857, Flint.
Turney, William M., University of Nashville, 1865, Falkville.
Turney, Joseph Simpson, Vanderbilt University, 1881, Hartsell.
West, Johnston Bascom, certificate county board, 1877, Cedar Plains.
Wadkins, J. S., Vanderbilt University, 1881, Flint.
Wilson, A. R., certificate from county board, 1877, Apple Grove.
Young, William James, University of Nashville, 1872, Decatur.
Membership—21.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Binford, Peter, New Orleans medical college, 1861, Somerville.
Burnum, Samuel A., certificate county board, 1857, Danville.
Cook, Henry Wiley, certificate county board, 1881, Falkville.
Peek, William Washington, certificate county board, 1882, Somerville.
Ryan, Thomas L., University of Nashville, 1881, Apple Grove.

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Smith, Stanhope, University of Louisville, 1847, Woodland Mills.
Smith, John W., certificate of county board.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Winston, David, college not given, ——, Apple Grove.

Removed from the county—Dr. John M. Clarke, an honorary member, graduate of the University of Louisville, class of 1850, formerly resident at Hartsell, to Moulton, Lawrence county. Dr. James H. Pouncy, formerly of Hartsell, graduate of the Graffenburg Institute, 1853, to Florence, Lauderdale county.

There were no deaths.

PERRY COUNTY MEDICAL SOCIETY.

President—Elias B. Thompson, M. D., Marion.
Secretary—Charles A. Wilkerson, M. D., Marion.
President of the Board of Censors—Francis A. Bates, M. D., Marion.
County Health Officer—William T. McAllister, M. D., Marion.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Barron, William Rowan, medical college of Virginia, 1878, Scott's Station.
Bates, Francis Asbury, University of Louisiana, 1843, Marion.
Bradfield, John, medical college of South Carolina, 1845, Uniontown.
Callier, Armistead M., non-graduate, Chadwick.
Coleman, James Waller, Jefferson medical college, 1847, Uniontown.
Downey, William Thomas, non-graduate, Uniontown.
Dominick, John Robert Franklin, Georgia medical college, 1871, Brush Creek.
Houston, James Hiram, University of Pennsylvania, 1848, Uniontown.
Jefferies, William Bennett, Washington University, Baltimore, 1865, Perryville.
Johnston, William Sample, medical college of South Carolina, 1859, Hamburg.
Langhorn, John Miller, University of Pennsylvania, 1845, Uniontown.
McAllister, William Thomas, University of Virginia, 1848, Marion.
Perry, Samuel, medical college of South Carolina, 1854, Marion.
Pou, James Rufus, medical college of South Carolina, 1854, Uniontown.
Spencer, George M., college not given, Brush Creek.
Sadler, John Milton, University of Louisiana, 1873, Uniontown.
Shivers, Offa Lunsford, University of Tennessee, 1873, Marion.
Thompson, Elias Benson, University of Louisiana, 1869, Marion.
White, Thomas Jefferson, Jefferson medical college, 1873, Uniontown.
Wilkerson, Charles A., University of New York, 1875, Marion.

Membership—20.

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REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Evins, Charles A., medical college of South Carolina, 18—, ———.
Foster, Robert, medical college of South Carolina, 18—, Marion.
Mears, J. W. N., medical college of New York, 18—, Hamburg.
Tucker, James B., Vanderbilt University, 18—, Jerico.
Webb, Lucius DeYampert, University of New York, 1869, Scott's Station.

Drs. P. M. Wilkerson and M. W. Coleman, of Marion, were granted certificates to compound and to sell drugs.

Moved out of the county—Dr. William Washington Wilkerson, of Marion, graduate of Jefferson medical college, 1855, to Montgomery. [Dr. Wilkerson has returned to Marion since the adjournment of the Greenville session.—SEC.] Dr. William Henry Langhorn, formerly of Uniontown, to Sheffield, Jefferson county.

Pro forma certificates were issued to Drs. J. W. N. Mears, of Hamburg, graduate of the medical college of New York, 18—, and John Robert Franklin Dominick, Brush Creek, graduate of the Georgia medical college, 1871.

Died—A. J. Keynerd, M. D., of Marion; system of practice not known.

PICKENS COUNTY MEDICAL SOCIETY.

President—Joseph Moody, M. D., Franconia.
Secretary—Samuel H. Hill, M. D., Carrollton.
President of the Board of Censors—John C. H. Jones, M. D., Stone.
County Health Officer—Samuel H. Hill, M. D., Carrollton.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Agnew, James A., medical college of Alabama, 1874, Providence.
Ellis, Robert A., University of Louisiana, 1871, Stone.
Hill, Samuel Feuilleteau, medical college of South Carolina, 1852, Carrollton.
Hill, Samuel Henry, University of Louisville, 1870, Carrollton.
Jones, John Culbeth Hezekiah, University of Nashville, 1856, Stone.
Moody, Joseph, Louisville medical college, 1871, Franconia.
Moorehead, Henry Clay, University of Nashville, 1869, Pickensville.
McLeod, John Walter, University of Louisiana, 1882, Bethany.
Paschal, James J., certificate county board, 1880, Reform.
Peebles, Jesse, New Orleans medical college, 1848, Stone.
Phillips, James R., certificate county board, 1878, Gordon.
Rawles, Edmund Socrates, medical college of Georgia, 1855, Uniontown.
Rickman, John W., certificate county board, 1878, Stafford.
Sterling, Samuel J., medical college of Alabama, 1861, Olney.
Membership—13.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baird, Duke O., certificate county board, 1878, Coal Fire.
Brandon, R. C., certificate county board, 1880, Raleigh.

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Duncan, John F., medical college of Alabama, 1874, Providence.
Graham, Andrew Milton, certificate county board, 1878, Memphis.
Graham, George Madison, certificate county board, 1881, Benevola.
Hinton, William G., medical college of Georgia, 1850, Pickensville.
Hopkins, William Foot, medical college of South Carolina, 1884, Memphis.
Price, Robert T., medical college of Alabama, 1874, Lubbub.
Quinn, James Madison, certificate county board, 1880, Beard.
Sanders, Thomas H., college not given, Garden.
Stringfellow, Terrell, Transylvania University, 1843, Pickensville.
Wier, Francis Swanzer, Memphis medical college, 1882, Pickensville.
Williams, Henry Lawrence, Jefferson medical college, 1883, Lineburg.

There are no irregular practitioners in the county.

Removed from the county—Dr. William V. Ezell, formerly of Carrollton, graduate of the University of Louisville, 1872, to Brazonia, Texas; Dr. Thomas Shockley, formerly of Pleasant Grove, graduate of the medical college of Alabama, to North Port, Tuskaloosa county; Dr. Peter T. Gunter, formerly of Coal Fire, graduate of the Memphis Institute, 1850, to Vernon, Lamar county.

Mr. D. M. Phillips, of Stone, this county, and Mr. T. H. G. Cook, of Stone, passed successful examinations before the county board, preliminary to the study of medicine.

No removals into the county; no deaths.

PIKE COUNTY MEDICAL SOCIETY.

President—Gustavus Hendrick, M. D., Brundidge.
Secretary—Josephus S. Beard, M. D., Troy.
President of the Board of Censors—Pugh H. Brown, M. D., Troy.
County Health Officer—Charles W. Hilliard, M. D., Troy.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Beard, Josephus S., University of the city of New York, 1876, Troy.
Brown, Pugh H., University of the city of New York, 1854, Troy.
Crossley, William A., medical college of South Carolina, 1859, Troy.
Eiland, William Andrew, Atlanta medical college, 1881, Henderson.
Ford, Elchanah Gardner, certificate county board, 1878, Troy.
Hendrick, Gustavus, Jefferson medical college, 1856, Brundidge.
Hilliard, Charles Wesley, Reform medical college, 1860, Troy.
Posey, William Harrison, Jefferson medical college, 1853, Troy.

Membership—8.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allred, John Park, State board of medical examiners, 1878, Troy.
Carlisle, Charles Malory, certificate from county board, 1878, Milo.
Collier, James Marshall, medical college of Virginia, 1860, Troy.
Bean, James M., Bellevue Hospital medical college, 18—, Monticello.

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Davis, Thomas J., certificate county board, 1878, Goshen Hill.
Davis, Robert Henry, certificate county board, 1878, Brundidge.
Dennis, Solomon Heydenfeldt, Graffenburg Institute, 1858, Olustee.
Foreman, Henry, medical college of South Carolina, 1859, Brundidge.
Hamil, Irby W., Louisville medical college, 1876, Goshen Hill.
Townsend, A. C., ——, China Grove.
Sanders, William Bryan, Atlanta medical college, 1885, Henderson.
Smart, William H., Louisville medical college, 1884, Milo.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Bledsoe, William, (Botanic), certificate county board, 1881, Monticello.
Treadwell, Lucius M., (Botanic), certificate county board, 1881, Troy.

Removed from the county—Dr. William Bankston Ross, formerly of Milo, graduate of the Atlanta medical college, 188–, to Galveston, Texas; Dr. Benjamin Augustus Hill, formerly of Henderson, graduate of the Richmond (Virginia) medical college, 1860, to Elba, Coffee county, Alabama; Dr. William F. Wilson, formerly of Henderson, graduate of the Georgia medical college, 1867, to Elizabeth, Coffee county, Alabama; Dr. Joseph C. Mason, formerly of Orion, graduate of the Bellevue hospital medical college, 1861, to Montgomery county, Alabama.

Dr. William R. Sanders, of Henderson, graduate of the Atlanta medical college, class of 1885, passed a successful examination before the county board, and was admitted to practice.

There were no deaths during the year.

RANDOLPH COUNTY MEDICAL SOCIETY.

President—William E. White, M. D., Roanoke.
Secretary—Powhatan G. Trent, M. D., Rock Mills.
President of the Board of Censors—Powhatan G. Trent, M. D., Rock Mills.
County Health Officer—Jasper D. Liles, M. D., Louina.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Blake, William H., college not given, Blake's Ferry.
Davis, Samuel John, Atlanta medical college, 1882, Rock Mills.
Gauntt, Albert Tilman, Atlanta medical college, 1878, Wedowee.
Heflin, Wilson Lumpkin, Georgia medical college, 1853, Louina.
Liles, Jasper David, University of Louisville, 1870, Louina.
Pool, Wyatt Heflin, Georgia medical college, 1867, Roanoke.
Taylor, Cephus Bailey, Graffenburg Institute, 1879, Rock Mills.
Trent, Powhatan Green, Jefferson medical college, 1867, Rock Mills.
Vinegard, James Leonard, certificate county board, 1879, Rock Mills.
Watts, Henry, certificate county board, 1879, Wedowee.
White, William Elbert, Transylvania University, 1840, Roanoke.

Membership—11.

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REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Crowder, Daniel G., Graffenburg Institute, 1849, certificate county board, 1879, Rock Mills.
Duke, A. W., Graffenburg Institute, 18—, Lamar.
Liles, M. D., certificate county board, 1879, Christiana.
McClendon, Edward Henry, Graffenburg Institute 1849, certificate county board, 1879, Rock Mills.
McManus, Michael, certificate county board, 1881, Wedowee.
White, Luther L., certificate county board, 1879, Roanoke.

Drs. Thomas H. Bonner, graduate of the Southern medical college, class of 1884, Rock Mills; James C. Brock, graduate of Vanderbilt University, class of 1884, Wedowee; and Wyatt Heflin, graduate of Jefferson medical college, class of 1884, Louina, passed successful examinations before the county board, and were admitted to practice.

Removed from the county—Drs. Thomas H. Bonner, formerly of Rock Mills, to Chambers county; and Francis G. Thomason, of Wedowee, to Carroll county, Georgia.

No deaths during the year.

SHELBY COUNTY MEDICAL SOCIETY.

President—Wilds S. DuBose, M. D., Columbiana.
Secretary—James H. Gunn, M. D., Calera.
President of the Board of Censors—Joseph R. Morgan, M. D., Knight.
County Health Officer—William B. Meredith, M. D., Montevallo.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Acker, James Wilson, certificate county board, 1878, Montevallo.
Backus, Henry, certificate county board, 18—, Calera.
Davis, Ralph, medical college of Georgia, 1879, Montevallo.
Denson, E. F., college not given, Pelham.
DuBose, Wilds Scott, medical college of Atlanta, 1878, Columbiana.
Edwards, David, medical college of Georgia, 1860, Wilsonville.
Goodson, Jasper, certificate Tuskaloosa county board, 1880, Longview.
Gunn, James Hamlin, Bellevue Hospital medical college, 1881, Calera.
Hawkins, Richard Nathaniel, Miami medical college, 1878, Calera.
Hunter, John James, medical college of Alabama, 18—.
Johnson, Joshua Orsley, University of Louisiana, 1868, Shelby Iron Works.
Meredith, William Bell, medical college of Atlanta, 1878, Montevallo.
Morgan, Joseph Reed, University of Louisville, 1878, Knight.
Oliver, Christopher Carleton, medical college of Atlanta, 1877, Calera.
Tucker, Robert Milton, medical college of Georgia, 18—.
Williams, John Harford, University of Louisville, 18—, Columbiana.
Membership—15.

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REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

McAdams, Henry Clay, medical college of Atlanta, 1883, Shelby Iron Works.
Singleton, William Robert, certificate county board, 1878, Harpersville.
Weldon, George Andrew, medical college of Atlanta, 1883, Weldon.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Armstrong, Warren M. (botanic), certificate county board, 1878, Knight.
Griffin, Alpheus (botanic), certificate county board, 1878, Helena.

There have been no removals from the county.

No examinations for the practice of, or prelmiminary to the study of medicine.

Died—Richard Walter Darwin Hubbard, M. D., of Columbiana, graduate of the University of Louisville, 1884, of dysentery; William Betta Cross, of Helena, certificate county board, 1878, of double pneumonia.

ST. CLAIR COUNTY MEDICAL SOCIETY.

President—James M. McLaughlin, M. D., Springville.
Secretary—Robert F. McConnell, M. D., Steel's Depot.
President of the Board of Censors—Davis E. Cason, M. D., Ashville.
County Health Officer—Robert F. McConnell, M. D., Steel's Depot.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Ash, John Winston, University of Louisiana, 1880, Beaver Valley.
Bass, John Burrell, Washington University, Baltimore, 1870, Ashville.
Cason, Davis Elmore, University of Nashville, 1870, Ashville.
Cason, James Calvin, Memphis medical college, 1883, Broken Arrow.
Chandler, Edward Pendleton, certificate county board, 1867, Cropwell.
Crump, James Wells, Atlanta medical college, 1875, Steel's Depot.
Harrison, W. W., college not given, Easonville.
McConnell, Robert Franklin, Southern medical college, 1881, Steel's Depot.
McLaughlin, James Madison, certificate county board, 1880, Springville.
McClendon, Camillas Few, certificate county board, 1875, Springville.
Vandegrift, Washington Franklin, University of Louisiana, 1880, Branchville.

Membership—11.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Brewster, Henry Harrison, certificate county board, 1877, Greensport.
Crump, Henry George, certificate county board, 18—, Caldwell.
Dunlap, Perry G., Vanderbilt University, 1881, Eden.
Evans, Richard P., certificate county board, 18—, Broken Arrow.

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Jones, George Marshall, Jefferson medical college, 1874, certificate county board, 1879, Springville.

There are no irregular practitioners in this county.

Moved from the county—Drs. Robert J. Foster, formerly of Branchville, certificate county board, to Texas—post-office unknown; Joseph B. Robinson, formerly of Easonville, graduate of Vanderbilt University, to Talladega county—post-office not known; M. M. Evans, formerly of Broken Arrow, to Arkansas; Dr. William H. Dickson, formerly of Moody's, to parts unknown.

Discontinued practice—Dr. James G. Inzer, of New London, graduate of the Louisville medical college.

Died—George M. Thompson, M. D., of Trout Creek, February, 1884.

There have been no applications to practice medicine, or preliminary to the study of medicine.

SUMTER COUNTY MEDICAL SOCIETY.

President—Dudley S. Brockway, M. D., Coatopa.
Secretary—Robert D. Webb, M. D., Livingston.
President of the Board of Censors—James M. Godfrey, M. D., Sumterville.
County Health Officer—Robert D. Webb, M. D., Livingston.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Allison, J. F., medical college of South Carolina, Curle's Station.
Arrington, Robert Henry, University of Louisiana, 1850, Livingston.
Brockway, Dudley Samuel, medical college of Alabama, 1878; Jefferson medical college, 1883, Coatopa.
Bourdeaux, Thomas Devane, Louisville medical college, 1883, York.
Foster, James George, University of Louisiana, 1866, Livingston.
Gilmore, John Nale, certificate county board, 1878, Gaston.
Godfrey, James Myers, University of Pennsylvania, 1855, Sumterville.
Harvely, John Bunyan, medical college of Georgia, 1858, Belmont.
Henegan, Darby, medical college of South Carolina, 1858, Epes.
Henson, John McKenzie, Philadelphia medical college, 1854, Coatopa.
Houston, Jesse Crawford, New Orleans school of medicine, 1860, Belmont.
James, William Henry, certificate county board, 1878, York.
Parham, John Calhoun, Kentucky school of medicine, 1877, Gainesville.
Randall, Newton Fox, Louisville medical college, 1878, Sumterville.
Vaughn, Amos Lemuel, Louisville medical college, 1884, Rosser.
Ward, Henry Bascom, medical college of Alabama, 1878, Cuba.
Webb, Robert Dickens, University of Virginia, 1850, Livingston.
Membership—17.

HONORARY MEMBERS.

Estelle, Samuel Henderson, certificate county board, (old law), Blount Springs.

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Garber, Alexander Menzies, Transylvania University, 1835, (retired), Livingston.
Giles, James H., University of Louisville, 1847, (retired), Cuba.
Moore, Alexander E., certificate county board, (old law), 1853, (retired), York.
Sholl, Edward Henry, medical college of Pennsylvania, 1856, Birmingham.
Smith, Carlos Green, University of Pennsylvania, (retired), Livingston.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bickley, Thomas Jefferson, Vanderbilt University, 1881, Gainesville.
Groves, A. G., University of Maryland, 1844, Warsaw.
Hale, R. H., Louisville medical college, 1879, York.
Hand, Samuel Patton, University of Louisiana, 1884, Coatopa.
Marshall, J. B., University of Nashville, 1872, Warsaw.
Moore, Joseph Frederick, medical college of Alabama, 1882, Belmont.
Nash, J. T., Louisville medical college, 1880, Livingston.
Pinson, Hammet, New Orleans school of medicine, 18—, Gainesville.
Sledge, William Henry, medical college of Alabama, 1881, Livingston.
Silliman, C. U., University of Louisiana, 18—, Ramsey.
Washington, Warner Blair, Cincinnati medical college, 1839, Gainesville.

REGULAR PHYSICIANS RETIRED FROM PRACTICE.

Epes, John W., Jefferson medical college, 1858, Epes.
Harris, R. M., Jefferson medical college, 1856, Sumterville.
Williams, David Hill, medical college of South Carolina, 1852, Gainesville.

Moved into the county—Dr. Jas. F. Moore, formerly of Autaugaville, Autauga county, to Belmont.

Removed from the county—Dr. William Pace Kelley, formerly of Ramsey, graduate of the medical college of Alabama, 1882, to Oxford, Calhoun county.

Died—John Wesley Crocker, M. D., graduate of the medical college of Alabama, 1878, at Brewersville, this county, March 23, 1885, of valvular disease of the heart—age, 55 years.

There have been no examinations.

There are no irregular practitioners in the county.

TALLAPOOSA COUNTY MEDICAL SOCIETY.

President—Robinson V. Salmon, M. D., Dadeville.
Secretary—James A. Goggans, M. D., Alexander City.
President of the Board of Censors—John F. Shepard, M. D., Dadeville.
County Health Officer—James A. Goggans, M. D., Alexander City.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Aiken, James C., Graffenburg Institute, 18—, Eufaula, Barbour county.
Banks, Wilson L., Graffenburg Institute, 18—, Jackson's Gap.

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Carleton, W. G., Vanderbilt University, 1882, Dudleyville.
Coley, Andrew Jackson, Jefferson medical college, 1880, Alexander City.
Freeman, J. J., certificate county board, 1882, Alexander City.
Gay, William M., Southern medical college, 1881, Daviston.
Goggans, James Adrian, University of New York, 1877, Alexander City.
Harlan, John J., medical college of Alabama, 18—, Hackneyville.
Johnston, John Y., Graffenburg Institute, 18—, Walnut Hill.
Lightfoot, Robert Waltern, medical college of South Carolina, 1882, Alexander City.
Nolan, Abner Jackson, Louisville medical college, 1880, New Site.
Pharr, Edward Miller, Vanderbilt University, 1882, Zana.
Salmon, Robert V., medical college of Alabama, 1875, Dadeville.
Shepard, John F., Graffenburg Institute, 18—, Dadeville.
Shepard, J. Joseph, Graffenburg Institute, 18—, Dadeville.
Shepard, O. Tyler, certificate county board, 1880, Tohopeka.
Smith, William F., certificate county board, 1882, Reel Town.
Vines, George Washington, University of Louisiana, 1882, Dadeville.
Watkins, John M., University of Louisiana, 1882, Camp Hill.
Membership—19.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bloodworth, Hiram M., certificate county board, 1882-4, New Site.
Gray, Thomas M., certificate county board, 18—, Dadeville.
Garlington, J. W., certificate county board, 18—, Camp Hill.
Hooper, John W., Jefferson medical college, 18—, Dadeville.
Rowe, Andrew Thomas, medical college of Georgia, Dadeville.
Shepard, Phillip, Graffenburg Institute, 18—, Dadeville.
Tucker, Adolphus O., certificate county board, 18—, Bulger's Mill.
Walker, George W., certificate county board, 18—, Alexander City.
Ward, Lucius C., certificate county board, 1882, Daviston.

Removed from the county—Drs. William F. Irvin, formerly of New Site, graduate of Jefferson medical college and Louisville medical college; Onslow Ragan, formerly of Alexander City, certificate county board, 18—, to Coosa county; James R. Smith, formerly of Hackneyville, certificate county board, to Texas; William Sorrell (botanic), certificate county board, 1878, formerly residing at Alexander City, to Kowaliga, Elmore county.

Dr. John W. Hooper, Dadeville, graduate of the Jefferson medical college, class of 18—, passed a successful examination before the county board and was admitted to practice.

Mr. O. S. Justice, of Alexander City, and Mr. C. J. Jackson, of Reel Town, passed successful examinations before the county board, preliminary to the study of medicine.

No deaths; no expulsions.

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TUSKALOOSA COUNTY MEDICAL SOCIETY.

President—James T. Searcy, M. D., Tuskaloosa.
Secretary—B. Leon Wyman, M. D., Tuskaloosa.
President of the Board of Censors—Peter Bryce, M. D., Tuskaloosa.
County Health Officer—William A. Cochrane, M. D., Tuskaloosa.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Allen, Alfred Sidney, medical college of Alabama, 1871, Cottondale.
Beatty, Douglas Pearson, University of New York, 1857, Tuskaloosa.
Bryce, Peter, University, of New York, 1859, Tuskaloosa.
Caffee, Samuel Richmond, Missouri medical college, 1881, Coaling.
Cochrane, William Allen, University of Pennsylvania, 1839, Tuskaloosa.
Foster, David Lawrence, Jefferson medical college, 1857, Tuskaloosa.
Guild, James, Jefferson medical college, 1855, Tuskaloosa.
Hester, William, University of New York, 1867, Tuskaloosa.
Little, John, Jr., University of Louisiana, 1867, Tuskaloosa.
Little, James, Atlanta medical college, 1876, Tuskaloosa.
Lucius, Richard DeKalb, medical college of Alabama, 1871, Hickman.
Marlow, Nicholas Perkins, Jefferson medical college, 1859, Tuskaloosa.
Neilson, Robert, Georgia medical college, 1854, North Port.
Nichols, Andrew Barry Crook, Philadelphia University of medicine and surgery, 1869, Tuskaloosa.
Reed, John B., University of Louisiana, 1846, Tuskaloosa.
Searcy, Reuben, Transylvania University, 1832, Tuskaloosa.
Searcy, James Thomas, University of New York, 1867, Tuskaloosa.
Sims, Frank Herndon, Southern medical college, 1883, Tuskaloosa.
Trigg, Arthur Warren, medical college of Alabama, 1881, Tuskaloosa.
Trimm, James, medical college of Alabama, 1881, North Port.
Williamson, James Lewis, medical college of Alabama, 1881, North Port.
Wyman, Benjamin Leon, University of Virginia, 1878, University of New York, 1879, Tuskaloosa.

Membership—22.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Gibson, R. F., Transylvania University, North Port.
Dillard. P. H., medical college of Alabama, Cottondale.
Shockly, T. W., medical college of Alabama, 1881, North Port.

NON-GRADUATE PRACTITIONERS.

Caldwell, W. J., certificate county board, 1884, Hull's Station.
Clements, Alsey, certificate county board, 1878, Cottondale.
Crump, William, certificate county board, 1879, Marcumville.
Elrod, W. W., certificate county board, 1878, Sipsey Turnpike.
Gregory, C. C., certificate county board, 1877, Romulus.
McCord, C. R., certificate county board, 1880, North Port.

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Thompson, J. W., certificate county board, 1876, Tuskaloosa.
Toomey, M. A., certificate county board, 1878, Hagler's.

There are no irregular practitioners in the county.

Removed from the County—Dr. William M. Owen, formerly of Green Pond, to Blocton, Bibb county, Alabama.

There were no examinations held during the year for the practice of medicine.

License to practice medicine was given to James Guild, M. D., Jefferson medical college, 1855, without examination; also to Alsey Clements and W. J. Caldwell, they being authorized to practice medicine at the passage of the law.

The following persons were licensed to compound and dispense drugs and medicines: Messrs. Hester and Hays, of Tuskaloosa, and Mr. A. A. Lavaidais.

The certificate of Dr. P. H. Dillard, graduate of the medical college of Alabama, was endorsed by the examining board.

Died—Dr. John W. Harris, of Tuskaloosa, graduate of the University of Pennsylvania, class of 1844, of valvular disease of the heart.

WALKER COUNTY MEDICAL SOCIETY.

President—William C. Rosamond, M. D., Jasper.
Secretary—Alexander M. Stovall, M. D., Jasper.
President of the Board of Censors—Joseph A. Goodwin, M. D., Jasper.
County Health Officer—William L. Gravlee, M. D., York.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Camack, David H., certificate county board, 1872, Eldridge.
Cunningham, William M., Vanderbilt University, 1884, Corona.
Goodwin, Joseph Anderson, medical college of Alabama, 1874, Jasper.
Gravlee, William L., Vanderbilt University, 1882, York.
Griffin, Richard P., certificate county board, 1872, York.
Guilder, James L., college not given, 18—, Eldridge.
Hendon, Albert L., certificate county board, 1875, Holly Grove.
Hays, James S., certificate county board, 1878, Dent.
Manasco, John, certificate county board, 1881, Loss Creek.
Phillips, A. B., Vanderbilt University, 1883, Arkadelphia.
Rosamond, W. C., certificate county board, 1855, Jasper.
Stovall, Andrew McAdams, Louisville medical college, 1880, Jasper.
Membership—12.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baird, W. J., college not given, Corona.
Miller, L. C., college not given, Holly Grove.

Removed from the county—Dr. J. W. Linn, formerly of Manasco, graduate of the medical college of Atlanta, 1860, to Fayette county; Dr. J. W.

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Mathews, formerly of Dent, graduate of the medical college of Georgia, to Robinson's Cross Roads, Jefferson county.

Dr. William M. Cunningham, of Arkadelphia, graduate of Vanderbilt University, class of 1884, passed a successful examination before the county board and was admitted to practice.

There are no irregular practitioners in the county. No deaths.

WILCOX COUNTY MEDICAL SOCIETY.

President—Alexander C. Matheson, M. D., Camden.
Secretary—Edward D. McDaniel, M. D., Camden.
President of the Board of Censors—Alexander C. Matheson, M. D., Camden.
County Health Officer—Alexander C. Matheson, M. D., Camden.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Abernethy, William Henry, medical college of Alabama, 1875, Sedan.
Adams, David, medical college of Georgia, 1863, Pine Apple.
Bonner, James Isaac, medical college of Alabama, Rose Bud.
Crum, Floyd Edward, University of Louisiana, 1873, Dumas' Store.
Curtis, Alfonzo Bittle, medical college of Alabama, 1882, Lower Peach Tree.
Curtis, Christopher Columbus, medical college of Alabama, Lower Peach Tree.
Dansby, John Quincy, medical college of Alabama, 1874, Rehoboth.
Haddox, William Thomas, University of Louisiana, 1858, Clifton.
Harris, Albert Duggett, medical college of South Carolina, 1857, Allenton.
Jenkins, Luckie Walker, University of Louisiana, 1849, Camden.
Jenkins, Thomas Griffin, University of Louisiana, 1849, Camden.
Jones, Capers Capehart, Philadelphia University of medicine and surgery, 1870, Furman.
Jones, John Paul, New Orleans school of medicine, 1861, Camden.
Jones, Joseph Harvey, Louisville medical college, 1880, Rose Bud.
Lee, Thomas, medical college of South Carolina, 1857, Snow Hill.
Matheson, Alexander Church, medical college of South Carolina, 1842, Camden.
McDaniel, Edward Davies, medical college of South Carolina, 1857, Camden.
Purnell, William Thomas, medical college of Atlanta, 1876, Prairie Bluff.
Ramsey, David Wardlaw, University of Lousiana, 1870, Pine Apple.
Starr, Lucius Ernest, medical college of Alabama, 18—, Camden.
Purifoy, John, college not given, Furman.

Membership—21.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Adams, John Blakenship, medical college of Atlanta, 1884, Pine Apple.
Dansby, Daniel A., certificate county board, 1880, Rehoboth.
Gaillard, Edmund J., medical college of South Carolina, 1840, Camden.

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Gaston, David Finis, University of Louisiana, 1882, Boiling Springs.
Roach, Thomas, medical college of Alabama, 1873, Rehoboth.
Jones, Samuel Oliver, medical college of Alabama, 1883, Allenton.

There are no irregular practitioners nor specialists in the county; no examinations to commence the study, or the practice of medicine ; no removals into or from the county.

Died—Joseph Hearst Bonner, M. D., Rose Bud, graduate of the medical college of South Carolina, 1847.

APPENDIX.

(Names of regular physicians living in counties where no medical society exists. These are here given for convenient reference.)

THE COUNTY OF COVINGTON.

Dr. William Allen Hunter, University of Maryland, 1858, Red Level.
" James Evans Kendrick, medical college of Alabama, 1870, Leon.
" John Francis Pendry, medical college of Alabama, 1880, Rose Hill.

This county has just made application for a charter.

THE COUNTY OF DALE.

Drs. James Bottoms, J. C. Holman, William L. Jones, and —— Davie, Ozark.
" Henry J. Smisson, and —— Ford, Newton
" W. C. Stegall, and John Stovall, Clopton.
" David C. Hunt, and —— Salomon, Echo.
Dr. W. J. Lee, Haw Ridge.
" —— Reynolds, Shippensville.
" A. S. McLeod, Daleville.
" A. F. Seglar, Barnes' Cross Roads.
" J. W. Payne, Beaver Creek.
" William A. Treadwell, Wicksburg.

THE COUNTY OF MARSHALL.

Drs. J. M. Jackson, L. D. Lusk, William M. Ricketts, and William L. Thomasson, Guntersville.
Drs. —— Williams, and Thomas May, Warrenton.
Dr. Alexander Scott, Albertville.

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THE ROLL OF THE COLLEGE OF COUNSELLORS.

REVISION OF 1885.

THE GRAND SENIOR COUNSELLORS.

Abernethy, William Henry, Sedan, Wilcox county.....1875
Bryce, Peter, Tuskaloosa, Tuskaloosa county.....1873
Cochran, Jerome, Mobile, Mobile county.....1873
Dement, John Jefferson, Huntsville, Madison county.....1873
Gaston, John Brown, Montgomery, Montgomery county.....1875
Godfrey, James Myers, Sumterville, Sumter county.....1873
Hogan, Samuel Mardis, Union Springs, Bullock county.....1875
Jackson, Robert Dandridge, Summerfield, Dallas county.....1873
Jackson, Walter Clarke, Montgomery, Montgomery county.....1873
Johnston, William Henry, Selma, Dallas county.....1875
Jordan, Mortimer Harvey, Birmingham, Jefferson county.....1873
Ketchum, George Augustus, Mobile, Mobile county.....1873
McDaniel, Edward Davies, Camden, Wilcox county.....1873
McKittrick, Adam Alexander, Evergreen, Conecuh county.....1873
Michel, Richard Fraser, Montgomery, Montgomery county.....1873
Parke, Clifford Daniel, Selma, Dallas county.....1875
Reese, Augustus Jordan, Mobile, Mobile county.....1873
Riggs, Benjamin Hogan, Selma, Dallas county.....1873
Seelye, Samuel Dibble, Montgomery, Montgomery county.....1875
Starr, Lucius Ernest, Camden, Wilcox county.....1874
Weatherly, Job Sobieski, Montgomery, Montgomery county.....1873
Webb, Robert Dickens, Livingston, Sumter county.....1873

THE SENIOR COUNSELLORS.

Baldridge, Milton Columbus, Huntsville, Madison county.....1878
Barclay, James Paxton, Eutaw, Greene county.....1880
Brown, George Washington, Pratt Mines, Jefferson county.....1880
Brown, Pugh H., Troy, Pike county.....1880
Cason, Davis Elmore, Ashville, St. Clair county.....1880
Cross, Benjamin Franklin, Decatur, Morgan county.....1879
Furniss, John Perkins, Selma, Dallas county.....1876
Gaines, Vivian Pendleton, Mount Sterling, Choctaw county.....1879
Hayes, Robert Hughes, Union Springs, Bullock county.....1880
Hoffman, John Richardson, Athens, Limestone county.....1879
Hopping, Daniel Stiles, Letohatchie, Lowndes county.....1877
Lee, John Cooper, Blount Springs, Blount county.....1877
McAllister, William Thomas, Marion, Perry county.....1880

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McKinnon, John Alexander, Selma, Dallas county.....1876
Means, Thomas Alexander, Montgomery, Montgomery county.....1878
Mitchell, William Augustus, Eufaula, Barbour county. 1878
Parham, John Calhoun, Gainesville, Sumter county.....1879
Peterson, Francis Marion, Greenesboro, Hale county.....1880
Phillips William Crawford, Selma, Dallas county 1879
Prince, Francis Marion, Jonesboro, Jefferson county. 1877
Pritchett, John Albert, Hayneville, Lowndes county.....1876
Purnell, William Thomas, Prairie Bluff, Wilcox county.....1879
Rorex, James Polk, Scottsboro, Jackson county.....1880
Sanders. William Henry, Mobile, Mobile county.....1878
Sears, William Henry, Birmingham, Jefferson county.....1877
Sholl, Edward Henry, Birmingham, Jefferson county.....1880
Thigpen, Job, Greenville, Butler county 1879
Thomas, James Grey, Mobile, Mobile county 1880
Wall, Conrad, Forest Home, Butler county.....1880
Wright, Milton Roil, Gadsden, Etowah county.....1880

THE JUNIOR COUNSELLORS.

Bowie, Andrew, Benton, Lowndes county 1883
Brockway, Dudley Samuel, Coatopa, Sumter county.....1882
Caffey, Hugh William, Hayneville, Lowndes county.....1881
Cross, William Cyprian, Centreville, Bibb county.....1882
DuBose, Wilds Scott, Columbiana, Shelby county.....1881
Emory, Aurelius Grigsby, Opelika, Lee county.....1883
Fletcher, William Mathew, Madison Station, Madison county.....1881
Franklin, Charles Higgs, Union Springs, Bullock county.....1882
Goggans, James Adrian, Alexander City, Tallapoosa county.....1883
Goodwin, Joseph Anderson, Jasper, Walker county,.....1882
Gordon, Frederick Elliott, Mobile, Mobile county 1883
Gunn, James Hamlin, Calera, Shelby county 1884
Hendrick, Gustavus, Brundige, Pike county.....1881
Heustis, James Fountain, Mobile, Mobile county.....1881
Hill, Samuel Henry, Carrollton, Pickens county.....1882
Holt, Simon Augustus, Eufaula, Barbour county.....1883
Huger, Richard Proctor, Anniston, Calhoun county.....1884
Huggins, Jacob, Newbern, Hale county.....1884
Jay, Andrew, Evergreen, Conecuh county.....1882
Jones, Capers Capehart, Furman, Wilcox county.....1881
Jones, John Paul, Camden, Wilcox county.....1884
Kendrick, Joel Cloud, Greenville, Butler county.....1882
Kendrick, William Thomas, Oaky Streak, Butler county 1881
King, Goldsby, Selma, Dallas county.....1884
Luckie, James Buchner, Birmingham, Jefferson county.....1882
Moody, Joseph, Bridgeville, Pickens county 1882
Mushat, John Patrick, Hayneville, Lowndes county.....1881

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Pearce, John Washington, Oxford, Calhoun county.....1883
Robertson, Thaddeus Lindlay, Oxford, Calhoun county.....1881
Searcy, James Thomas, Tuskaloosa, Tuskaloosa county.....1884
Shivers, Offa Lunsford, Marion, Perry county.....1882
Sledge, William Henry, Jefferson, Marengo county.....1882
Smith, Daniel Edgarly, Mobile, Mobile county.....1882
Stovall, Andrew McAdams, Jasper, Walker county.....1882
Thetford, William Fletcher, Boligee, Greene county.....1881
Tipton, Frank, Selma, Dallas county.....1882
Trent, Powhatan Green, Rock Mills, Randolph county.....1884
Wilkerson, Wooten Moore, Montgomery, Montgomery county.....1883
Williams, Charles Washington, Allsborough, Colbert county.....1884

THE COUNSELLORS ELECT.

Bragg, Shirly, Lowndesboro, Lowndes county.
Goodwin, Albert, Eufaula, Barbour county.
Herbert, Curtis Burke, Greenville, Butler county.
Inge, William Tutwiler, Mobile, Mobile county.
Kendrick, Joel Bedar, Greenville, Butler county.
Lowery, Samuel Henry, Huntsville, Madison county.
Nicholson, Edward Pierson, Valley Head, DeKalb county.
Norris, George Calvin, Wadsworth, Autauga county.
Whelan, Charles, Birmingham, Jefferson county.

Grand Senior Counsellors.....22
Senior Counsellors.....30
Junior Counsellors.....39
Counsellors Elect.....9— 100

THE ROLL OF THE CORRESPONDENTS.

REVISION OF 1885.

Anderson, William Henry, M. D.....1885
Bizzell, William David, M. D., Atlanta, Georgia.....1881
Coleman, Ruffin, M. D., Clarksville, Mississippi.....1879
Garnett, A. F., M. D., Hot Springs, Arkansas.....1875
Kumpe, George Ernest, M. D., White Sulphur Springs, Montana Ter..1884
Lynch, John F., M. D., Baltimore, Maryland.....1874
Moses, Gratz A., M. D., St. Louis, Missouri.....1874
Osborn, Thomas Childress, M. D., Cleburne, Texas.....1885
Phillips, N. D., M. D., Gainesville, Florida.....1876
Richardson, Nicholas Davis, M. D., Nashville, Tennessee.....1882
Summers, Thomas O., M. D., Jacksonville, Florida.....1875
Toxey, Caleb, M. D., Mobile, Alabama.....1885

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THE ROLL OF THE OFFICERS.

REVISION OF 1885.

PRESIDENT.

FRANCIS MARION PETERSON, M. D.....Greensboro.

VICE-PRESIDENTS.

LUCIUS ERNEST STARR, M. D., (for two years).....Camden.
WILLIAM MATHEW FLETCHER, (for one year).....Madison.

SECRETARY.

THOMAS ALEXANDER MEANS, M. D.....Montgomery.
(Re-elected at the Birmingham Session, 1883.)

TREASURER.

WALTER CLARKE JACKSON, M. D.....Montgomery.
(Re-elected at the Birmingham Session, 1883.)

THE BOARD OF CENSORS AND COMMITTEE OF PUBLIC HEALTH.

John Jefferson Dement, Huntsville	time ends		1890
George A. Ketchum, Mobile	"	"	1890
Peter Bryce, Tuskaloosa	"	"	1889
William Henry Anderson, Selma	"	"	1889
Jerome Cochran, (Senior Censor) Mobile	"	"	1888
Benjamin Hogan Riggs, Selma	"	"	1888
Job Sobieski Weatherly, Montgomery	"	"	1887
John Richardson Hoffman, Athens	"	"	1887
Samuel Dibble Seelye, Montgomery	"	"	1886
William Henry Sanders, Mobile			1886

ORATOR.

SHIRLY BRAGG, M. D. .....Lowndesboro.

ALTERNATE ORATOR.

EDWARD DAVIES MCDANIEL, M. D., L. L. D.....Camden.

STATE HEALTH OFFICER.

JEROME COCHRAN, M. D.....Mobile.
(Official Residence, Montgomery, Alabama.)

PLACE OF MEETING—ANNISTON.

The Time of meeting, second Tuesday in April, 1886.

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THE SCHEDULE OF THE REGULAR REPORTERS.

SESSION OF 1886.

PUGH H. BROWN, M. D., Troy—
Indigenous Remedies not in general use by the Profession.

JOHN JEFFERSON DEMENT, M. D., Huntsville—
Some Personal Observations on the Opium Habit and Opium Narcosis.

ALBERT GOODWIN, M. D., Eufaula—
Chronic Alcoholism.

EDWARD DAVIES MCDANIEL, M. D., Camden—
The Hygienic and Economic Importance—public and private—of wisely selected places for building sites.

FRANCIS MARION PRINCE, M. D., Jonesboro—
Practical Experience in Typhoid Fever, as it occurs in Alabama.

EDWARD HENRY SHOLL, M. D., Birmingham—
The diagnosis and treatment of some of the more common forms of diseases of the skin, as they occur in Alabama.

EDWARD BURTON WARD, M. D., Greensboro—
Practice of Medicine in the "Black Belt" of Alabama.

ROBERT DICKENS WEBB, M. D., Livingston—
The Artesian Water of Livingston, Alabama.

THE SCHEDULE OF SPECIAL COMMITTEES.

COMMITTEE ON MEMORIAL TO DR. EDMUND P. GAINES, OF MOBILE:

Drs. Job S. Weatherly, of Montgomery; William H. Sanders, of Mobile, and John J. Dement of Huntsville.

This committee was appointed under a resolution of Dr. J. S. Weatherly on the fourth day of the Greenville session, 1885, to prepare a suitable memorial to Dr. E. P. Gaines, of Mobile, to be submitted to the Association at the next annual meeting, 1886.

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THE SCHEDULE OF THE ANNUAL SESSIONS SINCE THE REORGANIZATION IN 1868.

1868	Selma—Albert Gallatin Mabry	1868
1869	Mobile—Albert Gallatin Mabry	1869
1870	Montgomery—Richard Fraser Michel	1870
1871	Mobile—Francis Armstrong Ross	1871
1872	Huntsville—Thomas Childress Osborn	1872
1873	Tuskaloosa—George Ernest Kumpe	1873
1874	Selma—George Augustus Ketchum	1874
1875	Montgomery—Job Sobieski Weatherly	1875
1876	Mobile—John Jefferson Dement	1876
1877	Birmingham—Edward Davies McDaniel	1877
1878	Eufaula—Peter Bryce	1878
1879	Selma—Robert Dickens Webb	1879
1880	Huntsville—Edmund Pendleton Gaines	1880
1881	Montgomery—William Henry Anderson	1881
1882	Mobile—John Brown Gaston	1882
1883	Birmingham—Clifford Daniel Parke	1883
1884	Selma—Mortimer Harvey Jordan	1884
1885	Greenville—Benjamin Hogan Riggs	1885

THE SCHEDULE OF THE ANNUAL ORATORS.

1869	John Brown Gaston—Mobile session	1869
1870	George Augustus Ketchum—Montgomery session	1870
1871	William Henry Anderson—Mobile session	1871
1872	Job Sobieski Weatherly—Huntsville session	1872
1873	Mortimer Harvey Jordan—Tuskaloosa session	1873
1874	Samuel Dibble Seelye—Selma session	1874
1875	George Augustus Ketchum—Montgomery session	1875
1876	Richard Fraser Michel—Mobile session	1876
1877	Edmund Henry Fournier—Birmingham session	1877
1878	Benjamin Hogan Riggs—Eufaula session	1878
1879	William Augustus Mitchell—Selma session	1879
1880	Paul DeLacy Baker—Huntsville session	1880
1881	Milton Columbus Baldridge—Montgomery session	1881
1882	Peter Bryce—Mobile session	1882
1883	Edward Henry Sholl—Birmingham session	1883
1884	William Henry Sanders—Selma session	1884
1885	James Thomas Searcy—Greenville session	1885

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THE OBITUARY RECORD.

BUTLER COUNTY—R. W. Brownlee, M. D., Fort Deposit, certificate county board, Jan. 7, 1885, of apoplexy.

William Henry Cook, M. D., Georgiana, graduate of the Transylvania University, 1834, May 15, 1884, of consumption.

Caleb Bliss Lampley, M. D., Greenville, Ex-President of the Association, 1878, graduate of the University of the city of New York, 1851, Jan. 16, 1885, of apoplexy.

Thomas A. McCane, M. D., Toluka, graduate of Graffenburg Institute, 1854, April 3, 1885, of erysipelas.

Samuel E. Thompson, M. D., Greenville, graduate of the Georgia medical college.

ETOWAH COUNTY—Thomas David Morrow, M. D., Gadsden, graduate of the medical college of South Carolina, 1878, Dec. 29, 1883, of drowning in the Coosa river.

FAYETTE COUNTY—James J. Jones, M. D., Newtonville, graduate of the Louisville medical college, 1879.

JACKSON COUNTY—Thomas Taylor Cotnam, M. D., Stevenson, graduate of the University of Nashville, 1855, Dec. 11, 1884.

JEFFERSON COUNTY—Joseph Whitworth Burton, M. D., Milner Coal Mines, graduate of the Nashville medical college, 1877.

LAWRENCE COUNTY—Charles W. B. Ligon, M. D., Moulton, graduate of the University of Louisville, 1884, of pneumonia.

MACON COUNTY—James W. Boyd, M. D., La Place, graduate of the medical college of South Carolina, 1856, September, 1884, of congestion of the brain.

MADISON COUNTY—A. S. Harris, M. D., Madison, graduate of the University of Pennsylvania, of pneumonia.

William Fleming Jordan, M. D., Mayesville, graduate of the Jefferson medical college, of uræmia.

David Shelby, M. D., Huntsville, certificate county board, of uræmia.

MOBILE COUNTY—Edmund Pendleton Gaines, M. D., Mobile, graduate of the University of Pennsylvania, 1846, Ex-President and grand senior counsellor of the medical association of the State of Alabama; professor of physical diagnosis and clinical medicine in the Mobile medical college, December 7, 1884, of chronic Bright's disease.

Francis Armstrong Ross, M. D., Mobile, ex-President of the Medical Association of the State of Alabama, graduate of the university of Pennsylvaoia, 1841, October 17, 1884, of apoplexy.

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Christopher Columbus Sherrard, M. D., Mobile, graduate of the University of Pennsylvania, 1859, January 30, 1885, of jaundice.

MONTGOMERY COUNTY.—Abram Gindrat, M. D., Montgomery, graduate of the University of New York, 1856, of consumption.

PERRY COUNTY—A. J. Keynerd, M. D., Marion, graduation and system of practice unknown.

SHELBY COUNTY—William Betta Cross, M. D., Helena, certificate county board, 1878, of double pneumonia.

Richard Walter Darwin Hubbard, M. D., Columbiana, University of Louisville, 1884, of dysentary.

ST. CLAIR COUNTY—George M. Thompson, M. D., Trout Creek, 1884.

SUMTER COUNTY—John Wesley Crocker, M. D., Brewersville, graduate of the medical college of Alabama, 1878, of valvular disease of the heart.

TUSKALOOSA COUNTY—John W. Harris, M. D., Tuskaloesa, graduate of the University of Pennsylvania, 1844, of valvular disease of the heart.

WILCOX COUNTY—Joseph Hearst Bonner, M. D , Rose Bud, graduate of the medical college of South Carolina, 1847.

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THE APPENDIX.

OF

MEDICAL & SANITARY DISSERTATIONS AND REPORTS.

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THE ANNUAL ORATION.

SUCCESS IN LIFE, PHYSIOLOGICALLY CONSIDERED.

BY JAMES T. SEARCY, M. D., OF TUSKALOOSA,

Junior Counsellor of the Medical Association of the State of Alabama.

Ladies and Gentlemen:

What occasions such differences among men? This is an important question, and one often asked.

Wherever witnessed, life is a struggle for existence. If not in all cases a struggle for bare existence, it is a struggle for success or ascendancy. Some men survive, succeed and excel, while others fail, succumb and go under.

Our question is, what occasions the fitness, competency, on the part of one class, and the unfitness, incompetency, on the part of the other? The solution of the question would be exceedingly important and valuable. It would lead to laws pointing to success on the one hand, and would explain the failures on the other.

I do not know how satisfactory an answer I shall give to this vexed question, but I propose to consider it to-night from a purely physiological standpoint.

Until of late physiology has, as a rule, steered clear of this field, and left it to other departments of thought and investigation, but now she has sufficiently accumulated facts, data and principles to warrant her to push her claims into the discussion, and offer a solution to the enigma.

The differences in the capacities of men to succeed and excel in the competitions of life are great. There is an immense distance between the extremes of capacity witnessed

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in society. And not only are there great differences between different persons, but in the same individual; during different periods of his life, there are extremes of capability. Between infancy and adult life, the same person exhibits an extreme range, ascending from the entire incapacity of the infant to the full capacity of manhood.

Again, the same individual will sometimes be seen to fail in his capacity, with greater or less suddenness, and descend to a lower level, or even to entire incapability, as in delirium, or insanity. So that, between infancy and adult life, and between his insane and sane moments, the same person will exhibit extraordinary degrees of capacity and incapacity. What occasions the differences?

Again, in society, we witness the one man an idiot, born entirely incapable of competition with his fellows, and only existing by their clemency and kindness; while at the other extreme, there is the man of such power and capability, that he not only excels and governs his own generation, but his influence descends in effect through ages and generations after him.

Again, taking a wider view, we witness a similar state of affairs among races and nations. In the competitive struggles for territory or commerce, one nation, or tribe, succeeds and excels, survives and increases; another less capable succeeds to a less degree; while a third, least capable, goes under and disappears. What occasions these race and national differences?

Surely a solution of the question of capacity, so as to embrace all these facts, would be a most important result.

I have no doubt my audience have already anticipated my answer. This very occasion itself suggests it, and when I announced that I propose to consider the question from a purely physiological standpoint, in this physiological presence, at once it is easy to recognize that the commonplace and every day answer will be given, that varying and various brain capacities occasion the differences described. "It is brain power that tells," is the every-day assertion. I

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have no doubt an exposition of recent physiology, in reference to the functions of this important organ, will prove interesting, especially as the knowledge of its physiology has been very much advanced of late.

I know that it is a very difficult thing to speak to an audience of experts and non-experts at the same time, and interest both. Many here know more of this subject than I do, and many others have never heard any of the principles of physiology discussed; so that, if I fail to entertain either extreme, I hope they will be charitable, remembering the difficulty of my position.

Some two thousand years ago, Aristotle, in his summation of the functions of the body, left out the brain altogether. He assigned no functions to it. From his day to this, this important organ has been gradually rising in the estimation of the physiologist, until it now pre-eminently transcends all other organs in the importance of the functions assigned to it.

In anatomy, the brain is represented as an immense mass of nervous matter, occupying the cranium. I say immense, because in the body of many, in proportion to the rest of the nervous system, its mass is immense. Its size and its weight far exceed that of any other nervous section; it may be said to outweigh all the others put together.

It is most usually described as a grand nerve-centre. You hear a great deal said now-a-days about nerves and nerve-centres. Such terms may be defined as follows:

A nerve-centre is a larger or smaller collection of nerve-cells congregated, connected and massed together.

The nerves are the fibres, or bundles of fibres, that connect the nerve-centers with each other, and with the other structures and organs of the body.

Nerve-fibres are of two kinds, named according to functions; the one kind bear action, or transmit cellular molecular motion, towards the centres; and the other kind bear such action from the centres. The one kind are called afferent nerves, or centripetal nerves; the other kind arc ealled

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efferent, or centrifugal nerves. The discovery of these two kinds of nerves dates back no further than the beginning of the present century, to the time of Sir Charles Bell, who did most to declare and explain their distinctions.

Nerve fibres transmit motion, not fluid or substance of any kind. The action goes from one extremity to the other of a nerve fibre, similarly to wave motion along a shaken cord, or better, the motion is transmitted from one cell to another in the fibre, like the hand-shaking in a cordon of boys; one boy transmits the shake to the next, and so on to the end. The motion of one cell awakes a similar motion in the next, until the action reaches the centre, when it awakes a similar or resultant action in its cellular structure. To transmit action from its peripheral extremity to the center is the function of the afferent fibre or bundle of fibres, the afferent nerve. The resultant of the action thus excited in the nerve-centre by the incoming action from the afferent fibres, is transmitted by the centre to its efferent nerve fibres, which convey it to the structures of the muscle or organ, and excite action in them.

This much, therefore, may be said to be the functions of the nerve fibres, viz: to convey action. When we consider the centres, we find them receiving action from one set of fibres, and emitting action along another set. We can lay down, therefore, reception of action and emission of action as the function of the centres.

When a nerve-centre is of the simplest construction, composed, for instance, of a single cell or two, and having a single afferent and a single efferent nerve fibre, the transit of action through it, brought in along one fibre and carried out by the other, is a very simple process. The structure of such a centre is as simple as its function. The passage of action through it can be likened to a cord running over a pulley, or to the reflection of a ray of light. We often speak of the simplest transit of nerve action as "reflected." The very simplest nerve-centre is not much more than a depot for a change of direction. But, such a simple affair

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as this is not by any means the case with such of the nerve-centers as are most known, and most frequent. Take the case, which is the common one of a centre with two or more or several lines of afferent fibres coming into it, and several lines of efferent fibres leaving it. In this case, afferent actions are brought into the centre from two or more, or several directions at the same time. There are several receptions of different kinds, and the resultant action that is sent out has to be adjusted to the two or more received ones, be built up upon them, made up out of them. The centre must, therefore, have, and in physiology, in fact, we find that it does have, the function, the property, the faculty of dividing between the several received actions, and emitting an action made up out of all of them. The resultant emission is adjusted to, or upon, the receptions.

Another function of all nerve-centres can, therefore, be said to be to adjust action. Their whole action is to receive, adjust and emit action.

The necessity for such an organization within the body of man is apparent, as soon as you consider its mechanism. There are very many different kinds of action going on within the body. Every structure and organ has a different action or function, and there is a necessity for an adjustor, a regulator—an equilibrator—to harmonize the various actions. This function is performed by some of the nerve-centres. The lungs act differently from the heart, the kidneys from the stomach, the liver from the spleen. The amounts of action going on in the body are great and various, and the nerve-centres, connected with all the parts and with each other by an immense net-work of afferent and efferent fibres, harmonize, equilibrate and adjust all these multiform actions to each other.

I have said that within the body of man there are a great number and variety of actions going on among the several parts, and the function of the nerve-centres is to adjust these actions to each other. It is apparent, aslo, that external to the body of man, there are very many more varieties of

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action, and if there is a necessity for internal harmony and an adjustor, there is far greater necessity for an adjustor to harmonize the man to the vast complexities of his external, his surroundings. To supply this necessity for external adjustments, we find another portion of the nervous system set apart. The immense and complex brain, with its reaches of afferent and efferent nerve-fibres, is engaged in this portion of the work. But for such an organ, with such functions, the man would perish in conflict with his surroundings.

We see from the above description, which is in accord with the anatomical and the physiological facts, we can make two classifications of nerve-centres, divided according to function. We have those centres that adjust internal actions, and those that adjust external actions. The lower centres, the simpler centres, are engaged in the one, and the high brain, the cerebrum, is engaged in the other. As the variety and the kinds of actions going on within the body are comparatively very simple, while the amount, the variety and the complexity of actions going on external to the body are immense, so we find the internal centres are very simple affairs, compared with the immense and complex cerebrum. The structures are comparatively in proportion to the amounts of work of these two kinds. There is, of course, no definite line of separation or demarcation to be seen in the nervous system between these two sets of centres, but, from the base of the brain down may be said to be engaged in internal adjustments, while the cortical cerebrum, the high brain, particularly, has, as its function, external adjustments.

We must remember, however, the entirety of the nervous system, and through it of the whole man. Though from different points of view, very separate in their fields of action, yet the external and the internal centres are parts of a whole, and by their connections are affected the one by the other to some extent. The actions, the thoughts of the high brain, when excited and unusual, are often seen to disturb

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the harmony of internal actions, and, *vice versa*, internal actions, when unusual, disturb the actions of the high brain. Excited brain actions—fear, anger, grief, joy, and the like—often disturb the actions of the lower centres. On the other hand, we often see the functional actions of the high brain affected by disturbance in lower organs. The whole man is an entirety, made so by the nervous system more than anything else.

But to hasten on. I have shown the function of every nerve centre to be, to receive, to adjust and to emit action. Let us see how this will hold out with reference to the cerebrum. The cerebrum is physiologically the organ of all conscious work. This will appear as we proceed. It consciously receives, consciously adjusts and consciously emits action. All the high brain work can readily be divided into these three stages of action, and it, in this particular, is similar to the lower centres. Its receptions are sensations, perceptions, conceptions and the like. Its adjustments are reasonings, and its emissions are volitions.

The principal lines of afferent action, the centripetal nerve fibres to the cerebrum, are those that come in from those parts of the body that are usually called the sense organs—the nose, the mouth, the eyes, the ears and the general tactile surfaces of the body. The five senses—seeing, hearing, smelling, tasting and feeling are therefore receptive actions of the high cortical cerebrum. These are now determined by physiologists certain localities in this high structure, in its cortices, where these lines of afferent action end. The actions awakened in this nerve-centre from these sources are the senses, and these are now determined certain localities for the different senses. Conscious actions are begun in it by these afferent actions.

From the situation of the localizations, so far determined, it appears that the cortical cerebrum, like the rest of the cerebro-spinal system, receives posteriorly. The receptive portions of the cerebrum lie posterior to the emissive.

When it is stated that the brain is the organ of sense and

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feeling, the statement is a true one; that is, in the sense in which the terms are used. No other part of the body feels except the brain. If any one of the afferent nerves that reach the brain is cut or destroyed so that it cannot transmit action, there is no sense in the locality or organ whence the nerve comes. Injure the optic nerve there is no sight in the eye. The eye does not see, strictly speaking. The brain does the conscious act of seeing. The same is the case with the ear, the nose, and other sense organs. Injury to any one of the afferent lines, or injury to any one of the localities of special sense in the cortices of the brain, will impair or destroy that sense.

Anteriorly in the cortices lie, as I have said, so far as localized up to this time, the emissive tracts—those whence voluntary efferent actions take their start. We find, already localized, the moter tracts for the upper and lower extremities of all purely muscular actions and the speech centres, and what we may call the propositionizing centres. Enough has been shown to warrant the assertion that volitions leave the cortices anteriorly.

This seems to be the rule with the whole cerebro-spinal portion of the nervous system. It receives posteriorly and emits anteriorly. Afferent action comes up posteriorly, and efferent action goes down anteriorly. For instance, the sensory and motor nerves of the chord, determined by Bell, lie, respectively, posteriorly and anteriorly. The same, so far as localized, is the fact in the medulla. The optic thalami are positively shown to be in the receptive, perceptive line of function, and the corpora striata, anterior to them, are motor or emissive in line of function; and, finally, as I have shown, the cortical receptive tracts of hearing, smelling, feeling, etc., are posterior to the emissive ones of volitions. The cortical portions of the cerebrum are engaged in the highest orders of reception, adjustment and emission—perception, reason, and volition.

In the consciously acting high brain, the cellular actions necessary in the performance of these high functions, like

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cellular actions everywhere in living tissues, produce functional disintegration, functional changes of structure, so as to leave behind the effects of the changes, the records of them, in the shape of what we call the memory of them. Centres of the cortical cerebrum, high enough for sensation and volition, have this faculty also of memory.

When we reach the study of the functions of this immense nerve-centre, with its two hemispheres built up upon the afferent lines of nerves that come into it from the opposite halves of the body, and with efferent lines that carry action out to these sides, bringing in, principally, actions that are excited by actions external to the body, and carrying out actions principally adjusting to them, we find the amount of work to be done is met by an organ, or a combination of organs, with structure and capacity commensurate for the performance of it. The immense variety of actions coming in from the external, and the immense variety going out in answer to them, require just such an immense and complex organ to be equal to the task. Receptions, for such a purpose, we find also are not alone purely sensations, but also range through all the grades of sensations, experiences, understandings, perceptions, conceptions, and the like, and the results of the adjustments, the reasonings upon them, range also, correspondingly, as decisions, conclusions, opinions and the like, which are for immediate use or can be retained, remembered, as plans, wishes, desires, purposes and the like for future use. Through the lower centres the process of action may be very simple, like the running of a cord over a pulley, or the reflection of a ray of light, but in the complex brain the receptions are multiform and abundant and continuous; in fact, they are received constantly from the whole outside world, so that the process may extend through half a lifetime. The circuit of action through this portion of the nervous system may be "as quick as thought," or may extend through years. The accumulation of data, experiences, knowledge, learning, may take up a great portion of life, and the deliberations upon them be equally as slow before

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they will be matured into conclusions, or opinions, or purposes, or be ready for executive volition.

The receptive faculty of man is not by any means limited to his own sensations, experiences or learning, for his data or knowledge. Men have several ways of communicating from one to the other their acquisitions. Communication and reception for this purpose is a considerable part of the work of life. If the person were confined to his own experiences for his knowledge or learning, his acquisitions would be limited indeed. By gesture language, oral language, and written language, the thought of one man's brain can be communicated to another's. Since the invention of writing and printing there is a record of the acquisitions of men, other than memory, and the accumulation of material of this sort has grown to be too great for any one head to carry.

The transfer from one brain to another has always to be made by some material means of conveying motion, and be received through the regular nerve channels of the sense organs—seeing, smelling, hearing, tasting, feeling, and the like. There is no other way of inter-communication. In communicating thoughts or ideas, brain actions, from one to another, the conditions of the transfer are that the person receiving shall be capable of performing the kind of a thought to be transferred, else there will be no transfer, no reception or understanding of it. You can not get an incapable person to take in the high and abstract thoughts of a more capable person, for this reason. The speaker may talk "over the heads" of his audience in this way.

Brain capacities make the differences among men in their most essential characteristics. Under this sort of a consideration, the structural integrity and the functional capacity of the organ is a most important matter. Nothing is more important. How to preserve its integrity, and how to improve its capacity, are vital questions for our consideration to-night.

I have said that the brain capacity of the man will vary

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very much during different periods of his life. We find him born into the world with the organ in a most rudimentary condition. At birth, it is less functionally developed than other organs, like the lungs, the heart, and the stomach. Only the lower tracts, whose functions relate to the adjustment of internal actions, perform their functions with anything like full capacity. The high cortical cerebrum, whose function is external adjustment, is not yet ready for action. The new-born neither sees, hears, feels, smells, nor tastes accurately. Seeing and hearing, being functions of external life altogether, are the least developed of all. The infant has little or no faculties for external life yet at work—no perception, conception, or understanding—no reasoning powers, and no opinions, conclusions, or purposes. His external actions are no more advanced than nursing and crying. As he grows, however, and the brain develops, these gradually appear. His capacity for higher sensations, for perceiving and understanding, for thought and reason, for conclusions and purposes, open up. His experience, information and knowledge gradually accumulate, and with them his adjusting reason and his emissive volitions improve and come into more complex action.

All this indicates development of the cerebrum. It begins with an exceedingly low degree of capacity in infancy, and gradually improves through childhood, youth and manhood until it reaches full vigor in adult middle life. Then there sets in the decline, which we may say is due to senile involution of the organ. At first, the decline is hardly perceptible, especially in those lines of thought or action that have been most practiced or developed. But finally, in them also the slope of the curve takes a steeper and steeper descent, until, in extreme old age, the period of "second childishness" is reached. Every person who takes a natural or normal course will run through life on an ascending and transverse and descending curve of capacity. The shapes of the curves will vary some with different persons, but this is a good general description of all.

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These just mentioned may be said to be the normal variations in the capacity of the individual. We also have abnormal variations, when the person's capacity to hold up to the normal will with greater or less suddenness, fails and lets down. All such aberrations are due to defect, or injury, or disease, or weakness, in the cerebral structure. The science of the day has accumulated sufficient data and proof on this subject to make positive this assertion. The delicate cellular structures of the sensitive high brain are liable, in the life of the individual, to all kinds of accident and injury, to many forms of disease, and to "heaps of abuse." Integrity of brain structure implies everything in its full functional action. For instance, a blow upon the head impairs function, according to the degree and the seat of the internal injury. If posterior, some of the receptive faculties are injured; if anterior, some of the emissive; and the adjusting faculty (the reason) is impaired with either. The whole cortices may be said to be engaged in adjusting work. If the blow mentioned is sufficiently forcible to jar, or concuss the whole cortex, so as to disconcert, disarrange the action of the whole organ in proportion to the general injury, the work of the whole brain is impaired. In ordinary cases, the functional work is simply suspended. The man is "stunned," he is "unconscious," until the consciously acting cortical cells can rearrange and concert themselves, and again begin work.

So independent, in much of its conscious work, is this portion of the nervous system from the centres of internal action, that its functions can be suspended, and leave the functions of the lower centres going on. If the concussion is severe enough to stop their action also, the man is killed.

All varieties of aberration, delirium, insanity and the like, have some lesion or injury, or weakness of the cerebrum as their cause. It may not be made out to the eye of the pathologist in every case, but so much has been established in this direction that, if the lesion is not made out, failure of discovery may be assigned to its minuteness or its diffuseness.

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A delirious person, or an insane person means one whose cerebrum from some cause is so incapacitated that it cannot, as usual, adjust properly, so that the emitted actions will not be conformed, or properly adjusted to the received ones. We say there is a loss of judgment, which means the adjusting capacity of the organ is lowered.

There is every variety of incapacity of this sort; the failure may last but a few minutes or hours, when we usually speak of it as delirium, or, it may last for months or years, when we call it insanity. The cerebrum in both cases is incapacitated for the time, but the injury that occasions it is transient and reparable in the one case, and more permanent or irreparable in the other.

Very many causes produce incapacity, disease, injury, weakness, and defect, I have mentioned. The brain is often seen incapacitated by the chemical effect on it of certain agents afloat in the blood. Urea, carbonic acid, bile and sugar formed within the body in excess injuriously affect it. But, we more often see its functional action disturbed by some poison or agent introduced from without. There are a great many of such poisons; most of them are in our materia medica, as drugs and medicines.

For instance, a person will go into all varieties and stages of delirious incompetency during the administration of an anæsthetic. It is very interesting to watch the gradual incompetency that results from chloroform, ether, alcohol or chloral. In the beginning stages of the effect of an anæsthetic, we witness the brain but slightly impaired in its functions of reception, adjustment and emission. There is slightly dulled or impaired sensation or perception. The slight deadening of the feelings is a pleasant condition, the person feels less, feels comfortable, feels pleasant. As the amount of the drug in the circulation is increased, there is a gradual lowering of all cerebral powers; there is not only less and less sensating capacity, but also less and less reasoning and executive ability. When the amount of the drug is pushed further, enough in the circulation to stop

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the functional action of the delicate cellular structures of the cortical cerebrum entirely, then we reach the stage that we call anæsthesia, which is a total suspension of all conscious functional action. At this stage we can say we have coagulated, paralyzed with the drug the little colloidal cells of the cortical cerebrum, the part of the nervous system that is engaged in conscious work, in external adjustments, but have not yet stopped the functional action of those lower tracts that are engaged in internal adjustments. The expertness of administering an anæsthetic consists in this very thing, of holding the amount of the drug in the circulation just at that point, so that there is enough to paralyze the conscious cerebrum, but not enough to paralyze the centres of internal life. If, perchance, there is weakness in these centres, or the drug be pushed too far, so that we paralyze their action also, we then—kill the man.

I said the functions of the internal and the external centres, though not entirely, are very much independent the one of the other. They are sufficiently so for us to be able thus, with an anæsthetic, to entirely suspend the functions of one, and leave the others still going on.

Like we call many of our medicines stomach medicines, liver medicines, heart medicines and the like, we have a number of them that we could with much more propriety call our brain medicines, our cerebral drugs. Especially could those be so classified that are usually given to allay pain or dull sensation. They do this most often by their effect on the sensating brain.

There is, of course, such a thing as local anæsthesia, independent of brain effect. An anæsthetic, for instance, like alcohol or chloroform, can be taken into the stomach, and such is its concentration when applied to the mucous membrane, that it "hardens" the immediate afferent fibres of that organ, and prevents their transmitting action, and so locally anæsthetizes it. In the same way cocaine can anæsthetize the eye or other structure without any brain effect at all.

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Alcohol drinking in cases of satiety and dyspepsia, no doubt, has this as one of its pleasurable effects.

Some of these brain-drugs have grown into common use as luxuries. There are many of the less dangerous of them that are extensively used for this purpose. It is brain effect, remember, for which they are principally taken and it is brain injury that ensues. Of course taken, in those occasional instances, as remedies, when it is beneficial to allay pain or abate excitement, it is very legitimate to use them, but when taken as luxuries and continued, their hurtful brain effects are very apparent.

Brain abuse with drugs, especially tobacco and alcohol, is one of the crying evils of the day. I will speak of brain abuse again directly.

I have now shown that there are different and varying degrees of capacity in the individual during different periods of his life. These are normal variations, due to the natural processes of brain accretion from infancy to middle life, and of brain secretion from middle life to extreme old age. I have also shown that there can be variations from the normal, abnormal, due to violence, disease defects, weakness, or drugs, during the life of the individual.

I now come to speak of different capacities in different persons. We find in society that there are very marked differences between the capacities of different individuals, and also, taking in all humanity, there are marked differences between aggregates of individuals, between families and races and nations. Individuals, families, and races differ very much in their capacities to succeed and excel in their competitions with each other. The best men, or the best aggregates of men, survive, succeed and excel; the less or least capable fail, succumb, and go under in the struggles of life. It is not muscle capacity that occasions the superiority or the inferiority, but brain capacity. I judge that if we can discover and establish the ways in which brain capacity is improved, we will have done a great

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deal, and if we can state the ways in which it is lowered, we will have done a great deal. Information on these points would be of great practical value.

In common parlance, it is often stated that different degrees of intelligence occasion these differences among men. I think this is so. For a few minutes, in this connection, suppose we consider what we physiologically mean by intelligence. I have said that the consciously acting high brain receives, acquires, and learns, through the channels of its afferent nerves from every direction; that the results of these receptive actions are retained by the changes they make in the cellular structures—they are remembered. Secondly, that it adjusts between, reasons upon, and deduces from these receptions its conclusions, opinions, and purposes. They are remembered in the same way. The facts, the principles, the rules, the experiences, the information of every sort that the person has acquired of himself, or from them, are one class of his acquisitions; we can say he has gained them from the outside. Then, there are the man's inside acquisitions, such as his conclusions, his opinions, his purposes, the products of his head-work, built up upon the others. The sum of all these acquisitions we usually style his knowledge. Knowledge, in other words, is composed of outside and inside acquisitions. We may call knowledge brain capital. The amount of this brain capital on hand is a very important consideration in the estimate of the man. But I have been speaking of brain capacity as a most excellent thing to possess. Capacity in the man is therefore one thing, and knowledge is another. The intelligent man, the one who succeeds and excels, possesses most of both. Intelligence may therefore be said to be composed of capacity and knowledge. Its equation is intelligence, is equal to capacity plus knowledge.

A great many tests have been given by philosophers of the capable, the excellent man. A noted Frenchman has said, he can be told by his ability "to see in order to foresee" *(voir pour prevoir)*. The excellent man will see, learn,

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acquire, in order to foresee, foreknow, provide. He will accumulate data, experiences, facts, wisdom from all sources, in order to make conclusions, opinions and purposes in advance, ahead. We often hear foresight, forethought, foreknowledge, ability to provide, spoken of as tests of capacity. To make conclusions, opinions and purposes correctly out of previously acquired data, and to do this ahead, in advance, is a very good test of ability. Horace describes the excellent man as "*justum ac tenacem propositi*" (correct and tenacious of his purpose). His excellence depends, in the first place, upon his ability to draw correctly his conclusions, his purposes, his opinions; and, in the second place, upon his ability to hold out tenaciously in the emissive execution of them. Some three hundred years ago, Lord Bacon announced it as a postulate of science that all data—that is, all the receptions that the man takes in—should be accepted only on the ground of their being verifiable. The sayings, the assertions, the rules, the opinions that, in the wisdom of men, are offered as data, should all be open to verification. The man who is capable of verifying all his data would be a most capable man, but this is never possible. We all have to take in the greater part of our learning unverified, on the authority of others. But, nevertheless, ability to verify data is another test of an excellent man.

No science is exact. The changing of the data of knowledge is continually going on. The world is every day undoing and doing over. Investigations and discoveries are for this purpose. It is astonishing how men differ in the faculty of acquiring. Excellence in accepting data is a most excellent accomplishment. Give, for instance, two doctors the same journal or text book, and note with what different degrees of acquiring capacity each will cull and select his data from it. The excellent man will not only show his superiority in his ability to take in, to understand, but he will also show it in knowing what to take in, in his ability to select for a purpose. While too much credulity is objectionable, it is impossible to do all the formulations

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for one's self, and acceptance of the wisdom of others is a necessity. Readiness to do this, readiness to heed, to obey, is an excellent trait, and is largely an inherited acquisition. Capacity to think properly for one's self, and at the same time to have the readiness to accept authority, are the components of wisdom. Viciousness means the opposite of this—readiness not to adjust conduct in accordance with receptions from others, and is largely inherited, as well as acquired. It is usually a very unsuccessful trait, bringing the person in constant conflict with his surroundings. Incapacity has much to do with it. "*Ubi peccans ibi ignorans*," is often the case.

The successful man possesses ability not only to learn, but to verify his learning, and to deduce his conclusions correctly, and execute them tenaciously. The simply erudite man is not the successful one. He must be capable not only in his receptive ability, but also in his adjusting and emissive abilities. This often puts the man who is simply the scholar at such disadvantage in the presence, even of the unlettered man of "common sense." "Common sense" may be defined to be the inherent excellence of capacity in all three of the departments of brain action. He may not be an "educated" man to show this trait, but if he is educated his inherent "common sense" tells all the better. He learns well and properly, he reasons well and properly, and he executes well and properly.

I now come to a very important part of this subject. It is embraced in this very physiological enunciation, that capacity for action in the brain, like in any other organ or structure of the body, is improved by functional use.

To use, to exercise, to practice the brain in all its departments of thought, that is—first, in acquiring or learning; secondly, in adjusting or reasoning; and thirdly, in executive, emissive volitions, improves its capacity in each and all of these departments.

On the receptive side of brain work, we have the faculty of attention, which may be said to be the ability to hold

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open the receptive channels; to keep up the cellular "erythism" of certain of the receptive tracts, to the exclusion of others; to hold, keep up tension in one direction and not in another. We can properly confine the term attention to receptive work alone, but the same ability to "fix attention" when it exists, usually means also ability to "fix all the faculties" in the reasoning, and the executing work also. "Power to concentrate," "power to obstruct," "will power" it is usually called. It means brain ability to receive, to adjust, and to emit strongly, tenaciously, properly, successfully.

When the channels of thought are practiced, exercised, they are improved, strengthened. The capacity of those that are used is improved, of those that are not used is lowered. The "traits of character" in the man physiologically mean this: they designate his practiced modes of action.

Because there is no possible way of inter-communication from one person to another, than through the afferent nerves of the sense channels, we, of course, learn or know nothing of what is going on in another man's head except by his emitted acts. The run of the emitted actions go to make up what we call his deportment, his conduct, his character. We judge of the run of the internal actions by the run of the external. It is astonishing how expert we get at this; how correctly we "judge of character," we say. Some only want a hint of the external to build up an idea of the internal. Some claim they can make an estimate from no more than the expression of the face, the tone of the voice, the cut of the eye, the step on the pavement, the handwriting, the shape of the dress, &c. Like the expert naturalist, they only want "the scale of the fish" to be able to make a drawing of the whole body.

I have been speaking of a certain degree of brain capacity that belongs to every person, and I have shown how it varies at different times in his life, normally and abnormally. We can very readily and properly, also, speak of inherent or inherited capacity, and of acquired or improved

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capacity. The person's inherited capacity, with only ordinary or usual exercise, would go only so high; but, by use, practice, exercise, it can be made to go higher and higher. Every person's capacity in life can be said to be dependent on the amount of his original inherited capacity, increased by the amount of his acquired capacity.

Exercise, practice, use of the brain makes the improved, the acquired capacity; but what makes his inherited capacity?

I can answer that question promptly; use, exercise, practice makes the inherited capacity also. Of course the practice of the man himself had nothing to do with his inherited capacity, but the practice, use, exercise given the organ in the lines of his ancestry, is what has produced the original capacity in him.

And more, also, what I said about traits of character, that the kinds, degrees and modes of action in individuals improve capacity in those certain lines of action, obtains in this particular also in posterity. The transmitted, the inherited capacity will partake of the character and specialties most practiced in the lines of ancestry.

This question of heredity is one of the most important subjects for study. Its truths are of the very highest practical importance, and ought to be taught, and insisted upon, until all shall know and respect them. Ignorance does an immense amount of harm in this particular.

Physiologically, heredity may be described as follows: From the body of the parent there breaks off, or detaches itself, a minute particle or portion of its substance that is freighted with, endowed with, the capabilities, the potentialities, the modes of action of the parent. This microscopically small particle is the beginning of the offspring. In bi-sexual life, which is the case with most animals and with man, these minute particles are not complete in themselves, but it requires the combination, the coalition of two, one prepared by each parent, to make the complete product or issue. This microscopically minute particle of conjoined, combined

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cellular structure, which is the living child or offspring in embryo, starts its separate existence freighted with, endowed with a combination of the potentialities, the capabilities, the modes of action of both its parents. It has a mixture of potentialities transmitted to it from two lines of descent.

This obtains with all the organs of the body, the brain included; with this particularity, however, all the other organs are more stable, less variable in their functional work and capacities than the brain. It varies, I have been showing, very decidedly at different times, and in different individuals. There can be, therefore, in the offspring a combination, the result of great differences in the parents. If the brain capacity of one parent is high and the other low, the resultant capacity in the offspring being a mixture or a medium between the two, the level of its capacity will be lower than one of the parent's and higher than the other's. To continue high capacities, high capacities must be joined.

This is also another fact in heredity, that the degree of capacity, the degree of potentiality the parent has at the time of parentage, is what descends to the offspring. There is nothing more true than the old saying, that "the parents live over again in the child." Original, inherent, inherited brain capacity is, therefore, a very considerable factor in the make-up of the individual. This inherited capacity, I have shown, is the result of the modes of action, the kind of action and the amount of action in the lines of ancestry. When we speak, therefore, of the capable, the civilized, the intelligent man as one, who has knowledge added to capacity, the understratum of it all, the foundation is this inherent, inherited original part of his capacity. It is the foundation on which is built all the rest of his capacity, and his knowledge; and, according as this foundation is broad or narrow, high or low, it will effect very much the whole of the superstructure.

There is no statement that you hear often made, and

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which with the many is a very popular one, that is more incorrect and mistaken than "all men are born equal;" that is, born with equal capacities. Such a statement carried out means that the same practice, exercise, use, education given to all would produce the same results. Nothing is more untrue. Every day life and experiences contradict it on every side. It is only approached in those instances, among those peoples, where the amount and the modes of action of their ancestry have run for generations on generations very nearly the same. A great deal, therefore, depends on the original capacity of the individual, at the same time a great deal depends on the improved capacity. Education will do very much, but the kind and number of acquisitions, the knowledge, the intelligence, depends as much on the original capacity as on the acquired or improved. Many philosophers say more.

The rule we can draw from the above facts, is that very much depends on the use and the disuse of this organ. Use improves, and disuse lowers its capacity. This is the fact in the life of the individual, and it is equally true in the lines of ancestry and posterity. It accounts for the superiority and for the inferiority in the individual, and in the aggregates of individuals, in the family, in the race and in the nation. Cellular functional action is the *sine qua non* of the accretion, both in structure and in function, of every living tissue. A busy, diligent, persevering brain is in the line of ascent and improvement; and, the opposite proposition holds equally true, that an idle, inactive brain is in the line of degeneration. This rule of use and disuse will go very far to explain the successes and the failures we witness in individuals, and families, and races. Two individuals will differ much from each other in middle life; their differences being due to the amount and kind of capacity inherited from their ancestry, and also due to the amount and kind of exercise given up to that time. Two persons with similar inherited capacities will differ in adult life, by reason of the different amount and kinds of exercise and training (educa-

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tion) they have had up to that time. Individuals and races hold at the same level, or go higher, or go lower, according to this physiological rule. It is well to understand what we mean by the term exercise. To be profitable, to improve, all physiological exercise must mean effort. Unless there is "the sense of effort" accompanying all brain work, there is not the accompanying, strengthening profit of the exercise. The learning, the studying, the planning, the reasoning, the thinking, the devising, the executing must go to the degree of being effort, to be advancing. Exercise, therefore, in the sense in which I use it, means effort. In other words, there is only one way, and that is "no royal road" by which brain capacity can be improved; it is only by working it.

There is only one way up. Full functional action alone begets full functional capacity. Suppose we consider for a few minutes some of the ways of decreasing capacity. It is a physiological rule that all functional action in any structure causes disintegration. But this functional disintegration is readily reintegrated out of the food material in the blood. If the functional disintegration is carried too far, much beyond what is customary or habitual, beyond the ready capacity to reintegrate, the structure is more or less injured; that is, for a shorter or longer time, until repair can take place. Excess of functional work, over exertion, over exercise, injures. Over brain work is therefore one of the ways of injuring its capacity. The sense of pain, of discomfort, of tire, of fatigue, of sleepiness, which is occasioned in this sensating organ by too much functional disintegration of its cellular structure, comes in, in most cases, to prevent the volitions from carrying the work too far. It will usually force a suspension. There is for the time a greater or less incapacity, but it is restored during the period of rest or repose. This is what sleep means, and this is its physiological object. The discomfort of our brain work prevents, in the great majority of cases, the excess from doing any permanent injury, whenever there results any lasting inca-

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pacity, or permanent injury, following exertion, the failure is very much more frequently due to some already existing defect or weakness; and this is more the fault than the exercise. Pure exercise seldom injures. It is exercise that improves. The fact and experience, brain failure, much more often, is due to an already existing fault or weakness, than to excess of functional action. It is of course always proper to remember, though, that over work injures. In the education of children, when the tasks imposed are not regulated according to the wishes and "feelings" of the child, discrimination is necessary on the part of the teacher. Educators of youth, who are all brain trainers, should remember this fact, and be constantly reminded of it, that weak brains, weak by sickness or weak by inheritance, should not have as much as ordinary tasks imposed upon them. The child, during periods of convalescence or feebleness, should not have the same tasks imposed on him that are usual during his perfect health. A pale, weak child has no business in the school room "keeping up" with his or her classes. Even though, during periods of healthiest condition, the "reaches" of brain capacity in the child may be excellent; during other feeble periods they will let down and fail because of disability. Such cases as these are the dangerous ones in the school room; and in the competitions of subsequent life, these are the ones that fail also. Owing to different degrees of tone of structure, that is cellular capacity promptly to reintegrate after or during functional disintegration, different in different children, and in the same child in different states of general health, considerable discretion should be exercised by the teacher in exacting the tasks imposed.

Incapacity among children (and men), however, may be of two kinds. It may be this kind that we have just been considering; the result of sickness, weakness or defect; or it may be due to the fact that the lines of ancestry of the learner, or his own previous habits, have never before performed such kinds of thoughts. That kind of inability due

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to temporary weakness, requires great care; that due to previous disease, requires stimulation. Only do not expect too much of this latter class, and explain it charitably whenever it appears. It is very fashionable in text books on hygiene to give a great deal of space and very much emphasis to brain abuse by over use in school children, and in adults also, while nothing or little is said about abuse in the lines of descent, and consequent transmitted defects and deficiencies. I am very willing to charge to over use all that belongs to it; but, in the majority of cases, I would be willing to exculpate the teacher, and more readily put the blame where it belongs, upon the progenitors of such brains.

I have already stated that the brain has its periods of cessation from functional action, of repose, of sleep. It is unconscious at the time, because its functional action has for the time suspended. Dreaming is only partial sleep. As just stated, exercise can do harm by being too violent or straining, but also injury can be done by simply prolonging ordinary exercise too far without rest or repose. Or, again, the currents of thought may be kept too long in one channel, when diversion into others does good. Use, exercise, practice, are the means of increasing capacity, and disuse, non-exercise, of lowering it. We might speak of use in low, narrow channels as misuse. Disuse means little or no exercise, and misuse means exercise in low, unsuccessful channels, which, of course, is disease of higher, better ones. Over use, excess of exercise, is a means of brain abuse, which I think is very much overrated in the estimate of the causes of brain failures. I now come to speak of one which I think is very much underrated. I refer to the general use of certain drugs, which are taken into the circulation for the purpose of dulling sensation. The partially or slightly suspended condition of the functional action of the sensating brain, produced by such a drug as opium or alcohol, is a pleasant state of feeling, and constitutes the principal reason such drugs are taken as luxuries. This effect on the delicate, rapidly acting cells is an injurious one.

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The injurious effect is "felt" when the drug is out of the circulation, in the increased discomfort and bad feeling which is the result, but which is usually relieved by the continued and increased use of the drug. Its use makes way for its increased use in two ways: First, the sensating organ is made more sensitive, and the discomfort and bad feeling makes the person want more; and secondly, this same sensating organ, being the organ of reason and adjustment, is incapacitated more or less in this function also. Incapacity firmly to adjust conduct in accordance with what is right in the use of the drug itself, ensues. The person is made less and less able to correct his bad habit by the use of the drug. Especially is this a rapid result if there is defect or weakness in the organ in the first place. The user of such a drug, for this reason, not only shows less and less ability to correct his habit, but also shows a diminishing capacity in his competitive struggles in business with his fellows. He runs down rapidly. The luxury, the pleasure, the benefit, when it occurs, principally lies in the peculiar chemical effect of these drugs on this high and important organ. I do not mean to deny the benefit that does follow the use of such drugs, when taken at the proper time and in the proper amounts, to relieve pain or allay discomfort; but the high character of their injurious effect is what I am urging. There are in common use as luxuries, among different nations, a number of such drugs—opium, ether, alcohol, hashish, cocaine, tobacco, betel nut, and, I may add, tea and coffee. They vary in healthfulness all the way from tea and coffee up to alcohol and opium. The injury varies with the drug that is used, and is, in the first place, in proportion to the lack of cellular strength, of tone of structure in the person to resist the effect, and, in the second place, to the amounts taken and the frequency of the repetition of the doses.

Every one's experience in modern society can furnish abundant testimony to brain abuse and brain injury and incapacity, both in the individual and in his posterity, from

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the effects of alcohol. While the drug is in the circulation, its high brain effect is evidenced in the lessened capacity to properly adjust conduct. The perceptive faculties being lowered, the man's own estimate of his conduct can not be taken as evidence. He may think he is doing excellently, when he is notably making a fool of himself. When the drug is out of the circulation, the impaired organ is evidenced in the increased discomfort and the incapacity to properly adjust. This incapacity ranges all the way from simple irritability and irascibility to the delirium of mania. The grandiloquent good feeling under the anæsthetizing effect of the drug is followed, in the case of the inebriate, by the opposite extreme of the terrorism of his *delirium tremens*, when the brain effects are shown without the drug. When we test the alcohol user by his brain capacity to succeed and excel among his fellows in the competitions of life, he notoriously lets down, and is driven to the wall. Combine much capacity with little drug, and the effect is not so marked, but, as is usually the case, combine little capacity with much drug, and "the swift descent to destruction" *(facilis desensus averne)* becomes swifter and swifter.

Tobacco brain injury is not so evident as that of alcohol. There is a marked difference between the two drugs. The nicotine of tobacco is not so traumatic on the delicate cells as alcohol; still it is brain effect for which it is taken, and it is brain injury that follows. The amounts of the nicotine that get into the circulation in the way it is usually taken, are comparatively very small; still, taken year in and year out, from morning to night, it does an immense amount of brain injury in modern society. Like with all such drugs, the injury is felt when the drug is out of the circulation, and the actual condition of the sensating organ can show itself. Increased discomfort is the result, "nervousness" is a result, and the person "feels bad" when he ought not to. The injury is not speedy, and, because of its tardiness, is not appreciated. Ability promptly, clearly, tenaciously, to do brain work, is lowered with tobacco. Among the cadets

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in the University of Alabama during the session of 1883-84, there were seventy tobacco users, and ninety-five who did not use it. Those who used tobacco averaged in their studies 82.51; those who did not use tobacco averaged 89.96. Up to the mid-year examinations of the present session, 1884-85, the tobacco users averaged 79.51, and the non-tobacco users 88.89.

Brain weakness and brain-failures, in modern society, are in proportion to the population, on the increase. Investigation points to the increased or the extensive use of these brain drugs as the cause for them. There are 4,000 insane in the State of Alabama, counting the idiots. Five or six times as many as could be contained in our extensive and well ordered insane asylum. Besides, there is a large proportion of our population that are composed of the eccentric, the peculiar, the nervous, the weak-minded, the hysterical, the hypochondriacal, all of whom possess defective, deficient or weak brains, in varying degrees. Over brain exercise, the fashionably assigned cause, is not what is producing it; exercise is strengthening, but brain abuse with drugs, can largely be charged with it. It is only in the past three or four generations that the use of such drugs has become general in society. It was formerly confined to the wealthy classes, but of late the working classes also, have generally taken them up. Exercise, work, use of the brain, in this generation, is rather the counteracting, instead of the inducing cause of such conditions. We ought to be better than ever, instead of worse in this particular. I believe it is a fact that actual capacity is improved in this generation in this country, but there are more failures. The increased exercise of increased civilization has improved capacity, but the extensive use of drugs has "crippled" thousands of brains.

I spoke in the beginning of this address, of the great advantage such rules would be to us, if we could determine them, that would relate to the explanation of brain capacity on the one hand, and to the explanation of brain incapacity

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on the other. I think we have now gone far enough to sum up our formulas. I think the philosophy of the whole matter can be readily embraced in the four words: use, disuse, misuse and abuse. Use leads to increased capacity. It is the only one way up. Disuse, misuse and abuse lead to incapacity. We can "ring the changes" on these test words, and have the whole matter in a nut shell. We can give a ready answer to many of the vexed questions in the science of sociology, if we will apply these principles to their explanation.

Men succeed and excel in the world because they and their ancestry have exercised their brains and improved them. Men fail, go down, go under and disappear because they and their ancestry have not done this. Especially is their descent decided and rapid, if they have added abuse to their disuse.

Every individual you meet, every family with whom you are acquainted, can be placed in one of two categories—they are either rising or descending in their efficiency and ability. The constant changes going on do not allow any stand-still line. It is very interesting to apply the principles I have been enunciating to the cases and examples around you, of which every neighborhood furnishes illustrations.

Take a family like this, in which the father is industrious, active, healthy, providing and persevering, and the mother a "help meet" for him, painstaking, planning, managing and intelligent, and I will show you one in the certain line of ascent. You need not disturb yourself very much about the children from such a combination. Circumstances can't suppress them." "*Equa in arduis*," (steady under difficulties), is their inherent characteristic.

When I refer to success and excellence as tests of ability, I do not by any means refer to ability to accumulate property as the only way in which it shows itself. Capacity will tell in any department of thought. Whatever the man with the best head goes at, he will succeed at, whether it be in making money or something else. Indeed, money making

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requires a rather low order of capacity as a rule, lower than many other things. The broadest, most capacious brained man is he, who, from all the world of knowledge about him, takes in most, selects best, and is able to formulate his data into the broadest generalizations—include most in his correct conclusions and purposes. The emissions and teachings from such brains compose the wisdom of the world. Many a scholar and philosopher, who has done most to help forward his race and generation, has not had time to devote to the accumulation of property. The necessities that grow out of the "bread and meat question" have tended probably to suppress many a philosopher, but, at the same time, these same necessities, by successive generations, have often led up to one. Necessity for work makes exercise and improvement.

The best place and the best circumstances, by far, to breed brains and to advance them, is found among the industrious people of the back country, not in the large cities. You can judge a country, in its present status, probably, by studying its cities, but, to tell its prospective status, look into the back country. Farm life necessitates several things that tend to the propagation and the improvement of good brain capacity. In the first place, a healthy locality, no crowd poisoning of any sort; secondly, forethought and providence, they are the every day exercise of the farmer. He lives in the future, the house wife has to study her department, and the husband has to study his, in a broad field. Pains-taking and diligence in advance, are the necessities of their success. When you find a thrifty people in the farm settlements, you need not be disturbed about the cities. Not because they make the more produce to come in for the city trade, but because they make the best advancing brain material out of which to make the cities and the country. Brain capacity is the foundation of every country's prosperity.

I think you can find society in the cities full of many such cases as this. A young man has come in from the

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country. In the line of his ancestry he inherited a good brain, made capable in the way I have been describing. He came from healthy, industrious, providential lines of descent, on both sides. With such inherited capacity as would necessarily spring from a combination of this sort, he takes part in the competitions of "the centre of trade." In such a place, through which are passing the commodities of the world, ability to fore-think, provide and persevere advance him rapidly. He succeeds and excels, accumulates and "makes money." If he have a wife of this same sort, all the better, but his successes enable him to make "a most advantageous match," it is called; he takes a wife from one of "the first families of the city," in society and select. She has had but little of hard, persevering thought to do, and his success now removes her further from such necessity. The children from such a combination are sure to rate lower than his does in capacity. The "business habits" of the father, which largely mean auto-centricity, selfishness, avarice, are a very transmissible trait from him, and the (disused) incapacity of the mother comes down from her. The moneyed competency left them by their father removes the necessity for brain work, brain exercise, so it stops in all really exercising channels. Hence the capacity of the children is still further lowered, and what is most frequently the case, the "luxuries" of brain abuse with drugs are also added; so that it sometimes takes not more than one generation to run that family down and out; usually they disappear altogether in two or three generations. The rule is, the majority of city families, in the successful ranks, take the descending course rapidly from disuse and abuse. Moneyed success leads to it in the large majority of cases. Study them up and see how few are the exceptions.

If this is the case with the "upper ten" in the cities, how is it with the "lower thousand." They are attracted into the cities even in greater numbers. It may not be idle disuse in their case that does the harm, as in the upper classes,

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but what, probably, is equally as bad, it is narrow use. It is driving pegs, measuring tape, setting type, sewing shirts, and the like. Attentive adjustment and emission are limited to, and practiced in, a single narrow thread of thought. The division of labor is too extreme in the cities. Such exercise is not of the character to broaden the field of capacity, or increase the "versatility of talent," to make an individual or a race of broad "common sense," but of narrow prejudices, fit for seditions and communism. Abuse with drugs is also added to the narrow use to allay the fatigue and discomforts of tread-mill life. Such families even more rapidly lose ground and disappear.

The cities, for short, are excellent places in which "to get rid of your surplus population." The upper classes go down in them from disuse and abuse, and the lower classes from narrow use and abuse. The tobacco shops and the saloons are powerful factors in the "sloughing-off" processes. There are many notable exceptions, of course, in the cities to these rules, but they are preserved by not observing the habits of the majority. Entertainment makes the city attractive to the many, but entertainment, because it is not effort, is not profitable exercise. The dude of modern society has as his life-object to avoid exercise. He is notoriously in the declining class; is very poor stock to propagate.

A great many years ago a Latin poet exclaimed, "*miscerere domus labentis!*" ("pity a failing family.") Failing families are frequent in our land. They fail in their competitions with others piteously; they lose their property easily, and are always unlucky. With all the wishes, the manners and the recollections of a luxurious life, but none of the capacity to maintain it. Such people are the frequent friends of the doctor. Not only do they fail in their competitions with others, but they fail easily in the sick room. A member of a "failing family" is usually an unsuccessful as well as an unprofitable patient to the doctor. Brain-tone is very apt to be concomitant with good tone everywhere else. A man with a tenacious head is notoriously hard to kill. And

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whenever you see over anxious, or easily discouraged parents, look out, there is danger in that family, even though many of their calls for the doctor are unnecessary. The women of such families are full of hysteria, and the men of "bad habits." The "dead-beats" are usually from such stock.

Suppose we take a broader field in which to apply these principles.

The objects of brain work in society may be classified under three heads. First, the adjustment of the individual to his fellows; second, the adjustment of his fellows to him; and third, the adjustment of his fellows to each other. We all work in one or the other, or all three, of these departments in our intercourse with others. Men most frequently work most in the first two. Self interests and safety necessitate such work But to work to harmonize, to adjust the competitions, the conflicts of others, requires the broadest and most disinterested capacity. Such work is always properly rated high in the estimation of men. It is the field of the greatest good to the many. Much of the formulated wisdom of the world has this as its object. All rules of conduct, all public opinion, all laws, all governments, have as their principal objects to equilibrate, to harmonize, to adjust society. It takes high capacity to formulate and to maintain this kind of work. The habits, the manners, the customs, the laws, the public opinion, the government of a people are excellent tests of their degrees of capacity I have cited ability to succeed and excel in competitions with others as a test of capacity, but the manner and degree in which the adjustments of society are made and enforced, is also an excellent test of capacity. In civilized society the complexities are greater, so the laws and government are more complex.

This is another fact: the customs, the opinions, the government of a people exist and are maintained at the level of their capacity. It takes capacity, in other words, to make and to keep up civilization. A nation improves or

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declines in government, public opinion, and laws, as it improves or declines in capacity.

Again, lower races will accept civilization and will run it at the level of their capacity. The civilization of a very superior race cannot, therefore, be imposed on an inferior one, and be maintained at its original level. Savages on the islands and on the continents civilize with a rapidity proportionate to their capacity.

Ages ago, in the prehistoric past, somewhere in the heart of Asia, there arose a busy-brained, industrious, and persevering race of men. By their features and languages some of them can be traced south, where they became the progenitors of the Hindoos, the governing classes of southern Asia. A large portion of them came west, overran Europe, and were the progenitors of the successful races there, who now govern and control the world. These are they whom anthropologists call the Aryans.

Antedating these, probably in the antiquity of their civilization, were the Semitic race, who arose also in central Asia, and were the progenitors of the ancient Assyrians, Egyptians, Phœnicians and Jews, and with some intermixture were the ancestors of the Greeks and Romans, and the Berber tribes of north Africa.

Further east in Asia, of great antiquity, are the Tartar, Mongolian and Maylay races, all akin. They peopled eastern Asia and the Islands of the Pacific, and were probably the ancestors of the aborigines of America, in greater part. They can be traced throughout Micronesia and Polynesia, and are mixed in Melanesia, and as far west as Madagascar, with the black races.

In the dark continent of Africa are the Ethiopians of slowest and lowest civilization; at least of lowest civilization on a large scale. They are mixed in north Africa and south Asia and other parts with races of higher civilization. These four grand divisions of the human races can very properly be classified according to capacity. They vary in the order mentioned in their capacities to excel.

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A great variety of complex causes, no doubt, have given rise to these varying capacities; causes that give rise to brain exercise and brain work have done it. The advantages and the necessities of their surroundings, such as climate, soil, competitive strifes, and the like, have done it. Brain use and brain disuse tell the reasons for the differences.

In this country of ours we have a most anomalous state of affairs. Here there are several millions of imported Ethiopians mixed with the Aryans of Europe. It is interesting to note the effects of the commingling of these two classes of people.

The discipline of slavery rapidly made the negro to assume the habits, the language, the customs and the conventionalities of the whites. Never able, in the line of his ancestry or of himself, to contrive or formulate the principles of a high civilization, nevertheless, as far as he was able to imitate them, the practice of these acquisitions of the superior race were forced upon him. That sort of exercise, of course, has improved his capacity. He to-day stands several degrees higher in the level of his inherent capacity. Without the discipline, this rapid improvement could not have been accomplished. Liberated from slavery, he is not yet able, after the discipline of several generations, to maintain the aryan civilization. He presents the spectacle of inability to run the successes, the inventions, the rules of conduct, the government of aryan civilization at an aryan level. So do not be surprised or disgusted if the negro fails or lets down, comparatively, in his ability to succeed, to provide, to preserve, or to comprehend the complexities of a civilized government, or of civilized society. He is trying to run a machine not of his invention; and be not surprised if he fail in his morals for the same reason. The aryan civilization that surrounds him still holds him, as far as it can, by framing and enforcing public opinion, laws and government for him, and upon him.

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We witness in this country an unparalleled state of affairs. Here is seen a superior race combating peacefully with an inferior one, and that in the solicitous defense and maintenance of their own civilization. The necessity and the anxiety on the part of the whites, in this particular, makes the "solid south." Since we cannot undo the great mistake of our forefathers in importing such material; since we cannot get rid of the incubus of the negro incompetency that weights down our land, every self interest demand that we lighten our load by helping the negro "to help himself." Improvement in capacity, remember, only comes about by exercise. To help him improve by brain work and exercise is the only way. Education will do much, but the necessities that come from competitions do most. The job is a slow one. If the negro propagate rapidly in this country, when he is not even allowed to run things to his own destruction, it is due to his excellent surroundings—better than he ever enjoyed before. Aryan brains descend as a heritage to be defended, preserved and improved. Miscegenation of the races does not mean the mixing of blood, or of bones, or of colors to do the harm, but the mixing of brains. Danger, instinctively, is known to lie in this direction; hence the jealousy with which public opinion is maintained that keeps distinct the lines of demarcation between the races in this particular.

If we had time it would be a very interesting study to trace the effects of the "institution of slavery" upon the whites. In some cases and in some particulars it practiced in the line of excellent traits of character. It gave rise to executive and administrative ability. It led to high tone and manliness. But, in the majority of cases, it led to disuse, non-exercise. Idleness prevailed; effort of all kinds was avoided. The "hospitable customs" of the day also added abuse with drugs to the disuse. These two causes alone, disuse and abuse, made terrible havoc among our best families. From these sources failing families are numerous in our land to-day. The profits of the balance

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sheet of slavery altogether lie on the negro's side of the account. It would be interesting to pursue these thoughts into other channels if we had time.

It is not necessary for me to urge the importance of education as the grand agent in modern times that leads to improvement. It ought to be made general and urged in every direction. It has become a necessity of the times. The State can do nothing that will add more to its general prosperity than to furnish educational privileges to all. These are two objects that should always be kept in mind in education. The first is the improvement of capacity; the second is the transfer of knowledge. The improvement of capacity requires—first, training in receiving, taking in, learning; secondly, training in reasoning, planning, purposing; thirdly, training in execution. The improvement of capacity is the result of the exercise, and the exercise should always reach the degree of being effort. The knowledge is all the acquisitions that have been taken or made. Much of "classical education," as it is called, is pure gymnastics—there is very little transfer of knowledge about it. When the exercise and the knowledge can be given at the same time, by the same study, it is very much better. Exercising with "dead languages" is like exercising with dumb-bells. I think the "training" can be equally as well done with studies that convey knowledge at the same time that they give exercise. It is easy, and necessary, to take studies embracing both objects of education.

But I have already wearied you and hasten to close. I have but given you head-notes; made you suggestions. You will have to elaborate them for yourselves. I have accomplished my object if I have pointed sufficiently to the principles involved in the words use, disuse and abuse of the brain. Success and failure in life lie along the channels I have been pointing out. The interests of individual and race are included in them.

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THE TREATMENT OF FRACTURES.

BY JAMES FOUNTAIN HEUSTIS, A. M., M. D.,

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Nothing can be more gratifying to a surgeon than the skilful management and the perfect result of his treatment in fractures; and nothing is more embarrassing and troublesome than a want of thorough knowledge in such cases. In all other departments of surgery nature, with her beneficent hand, covers up and effaces the bad work of the unskilful, but in this she only makes it the more glaring. There is no hap-hazard here, but from first to last the hand of the surgeon has to help the hand of nature. And nowhere is a bad beginning more fruitful of bad results; for like most other things, "it shapes the end." Here it is indeed that most of the grand mistakes are made. Unless a fracture is recognized in all its characters at first, and immediate steps are taken to set it aright, and to maintain it so, it will be very hard to correct the error. There is no greater heresy in surgery than to suppose that a little delay in the setting of a fracture is of no consequence. Nowhere is delay more dangerous as to the result and management of the case. At first the parts are in their natural condition, free from swelling and not affected with much pain. The muscles have not begun to contract, or to be affected with spasmodic movements; and effusion has not altered the appearance of anatomical landmarks. To set the broken bone now is comparatively easy; and when it is set the disturbing effect of contracting muscles is in a measure done away with; the broken ends no longer pricking and fretting the parts

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around; and as a consequence the danger of deformity is much diminished, and the management of the case is rendered easy. Were it not for the contraction of muscles there would be very little trouble in the treatment of fractures. For it is this that causes the deformity at first, for the most part, and renders it permanent as the result of unskilful treatment, by drawing the broken bones out of line and past one another. Get rid of this muscular contraction and the treatment of fractures would be a mere matter of mechanical support. And, while this is mainly all that is required, it has to be so skilfully managed that a perfect result cannot be attained without a due consideration of the disturbing influence of muscular contraction. As a consequence of the disturbing effect of the rough ends of the fractured bones upon soft parts, this muscular action is brought conspicuously into play very soon, and goes on increasing as pain and inflammation are developed, and these are more rapid and violent in development in proportion to the lesion of the muscles and nerves, and their irritation by the rough and sharp ends of the broken bones. When the muscles are large and numerous the tendency to deformity is greatest, as we see in fractures of the thigh-bone and some fractures of the leg, and *vice versa*, in proportion to the absence of muscular development is the deformity less; and when all muscular action is absent the deformity is merely the result of the force applied, as in fractures of the skull and flat bones generally. In impacted fractures the deformity is also slight, the muscles having no action on the fixed bone.

In view of this disturbing action of muscular contraction it is of very great importance to overcome it; first, to make a perfect adjustment of the fractured bones, and then to maintain this adjustment. Where the muscles are powerful and surround the bone, as in fractures of the thigh, it is almost impossible to bring the ends of the broken bone accurately into position, especially in adults, in whom fractures are generally oblique, without the aid of chloroform.

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So well was this recognized before the use of chloroform, and with those who fear to use it now, that it was hardly expected to restore the bone to its proper length at first, but it was brought so gradually by extension; day after day, the extension being increased, with great trouble to the surgeon, and great discomfort to the patient. If the patient was nervous, or suffering much pain, the difficulty was very much increased, both conditions exciting and aggravating muscular spasm and contraction. Owing to the great difficulty of adjusting and maintaining the broken surfaces of the bone in position, the most important factor of the treatment was unattainable, viz: rest; and to the disturbance of muscular contraction was added the disturbance of force, repeated daily. Here is where the greatest progress has been made in the treatment of fractures; the substitution of art for force; and, as in all other cases where force is resorted to for overcoming difficulties, failure is very apt to be the consequence; the resistance and opposition set up by it resulting in disappointment. So, the employment of art, judiciously applied, is the beginning of success, and more powerful than any force in assisting nature's perfect work. It is nature after all that does the work of repair, and all that we can do is to give such aid as will make her work easy, and its end perfect. Assisting, but not disturbing; supporting, but not compressing; leading, but not compelling. For rest assured, that whenever we resort to violent, compulsory means mischief will be the inevitable consequence; and this will increase with the duration of its application. Irritation first throwing out signals of distress by pain, which increases in violence as danger threatens, until exhausted nature succumbs, and the numbnesss of death steals on.

It is pain that gives us timely warning; and while it is the patient's greatest enemy, it is in this respect the surgeon's greatest friend, telling him most surely whether all is well, and what is wrong. Never should it be disregarded, and never should it be allowed to continue without

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careful investigation of its cause. To leave it unattended to, with the hope that it will pass off as being only a discomfort of necessary confinement, is to trifle with fate, neglect our duty, and bring reproach upon ourselves—reproach that, like remorse, always comes too late—too late, when we carefully remove the dressings put on with so much pains, and find to our horror the work of death, that can not be undone; if not the death of the whole, the death of the part compressed, which always extends much deeper than is at first apparent, and many a limb has been made lame for life by what at first seemed a trifling slough. Under the old treatment of extension and counter-extension from the extremities of a limb, these accidents from pressure were very common, and almost impossible to be avoided, the damage occurring so insidiously that it was done before the danger was recognized. There is no more interesting curiosity in surgical literature than the study of the treatment of fractures of the thigh bone as an exponent of the treatment of fractures. The various cumbersome and ingenious splints that have been devised and improved and altered in various ways, until it was supposed the perfection of treatment was reached; but all far behind what we now recognize as the perfect plan, that gives ease and comfort to the patient, support to the limb, and the least interference with health. Here is where our greatest triumph has been. The substitution of simplicity for complexity—of lightness and comfort for heaviness and oppression—of freedom of bodily movement for the restraint, confinement and bondage that held the poor sufferer bound down for weeks and months to his bed, day after day pining in fixed recumbency, without appetite for food, deprived of sleep, waiting vainly for the end; and when the end has come and the bonds are loosened, what is the poor patient's condition? Weak, torn and wasted in body, shrunken and rigid in limb; at the bottom of the ladder of recovery instead of the top, where he should be; left stranded in health and strength for good Mother Nature to nurse back

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again to ruddy cheeks and rounded limbs; and for a long time she has up-hill work, and the couch and douche and liniment have to come to her aid; and sometimes a stiff and deformed limb remains forever as a lasting monument of bungling work—of meddling without correcting—of harsh confinement instead of judicious restraint—of disturbance where there should have been rest. It is this disturbance that nature abhors, and always resents by kicking against it with pain, or leaving her sign-manual in the shape of unshapely limbs; not only the disturbance of unrest, but the disturbance of the work of repair.

To place and replace splints and bandages, to move and stretch the limb, is a manifest disturbance; but what is not so apparent is the unskilful applications of dressings, and a tight or uneven bandage, or improper splint, is as bad as motion. The old practice, now happily abandoned by the best surgeons, of applying the bandage directly to the limb beneath the splints, for the purpose of controlling muscular spasm, was fraught with danger; for, however carefully and well it may have been applied, the swelling of the limb, liable to ensue, would render it too tight, requiring its removal, to the disturbance of the fracture and suffering of the patient, or, if not removed, endangering mortification. Limbs have been lost from this cause; the interference with the circulation of the limb by the gradually increasing tightness of the bandage not being attended with an amount of pain that would warn of the impending danger; and although pain may have given its warning, the numbness caused by the increasing pressure lulled into a feeling of false secureness. Fractures of the forearm treated in this manner have been most frequently followed by the worst of consequences, the lateral pressure effacing the interosseous space, and destroying all rotary movement; or the directly constricting pressure of the whole limb so diminishing its nutrition as to interfere with the work of repair, and leave an ununited fracture or false joint; or, if the constriction

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be too great, mortification and loss of the limb would be the consequence.

Especially is this apt to occur when the limb is bandaged in a straight position and afterwards bent so as to rest in a sling, the bending increasing to a dangerous extent the pressure at the flexure of the elbow. The idea of controlling muscular spasm with the bandage is chimerical; and even if it were admitted that it did so, it is entirely unnecessary; for splints, properly applied and supported, after the adjustment of the fracture, are sufficient for this and every other purpose. As it is the pain, caused by the unadjusted fracture that causes the muscular spasm, the relief of this by adjustment and support is all that is necessary. Where no splint is required, then the bandage may be applied directly to the surface; as in fracture of the ribs and pelvis, and with the intervention of a compress, fractures of the jaw, and as the starched bandage in fracture of the patella; but in all other fractures it is worse than useless. What is needed is support, and this is effected by splints, properly padded to prevent pain and maintain elastic pressure, and over them the bandage to secure them in position; and even in the application of the bandage over the splints skill and judgment are necessary to regulate the amount of pressure to give just the support that is needed. If too tight, it cannot be borne, or will cause pain and trouble; if too loose, it is inefficient; or, if the pressure is unequal the support is bad and discomfort will soon make it known. To make the support uniform and comfortable, some form of padding beneath the splints must be used. In old times junk bags, or bags of chaff, tow, old blanket, and such articles were used; but they were cumbersome, uncleanly and lacking in the qualities that give comfort; not allowing healthy ventilation, and soddening the limb by the heat produced. Besides, they did not have that elasticity that preserved a uniform support at different periods of the progress of the case; first not yielding in a comfortable manner when there was swelling, and then not expanding

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as the swelling subsided to maintain support. For this purpose nothing is so good as cotton wadding, which, coming in sheets, is of uniform thickness, maintains its place without wrinkling or rolling into uneven masses; and being light, porous and elastic is most comfortable under all circumstances, yielding to pressure when there is swelling and expanding to preserve it when it subsides. With children, where the splints are small, they may be rolled in it until they are enveloped in a double thickness, thus increasing their elastic pressure and rendering them more secure and comfortable. In the application of the starched bandage the limb is evenly enveloped in it first of all; and if a double thickness is used, the elasticity is sufficient to maintain a proper support thoughout the whole treatment, without the necessity of cutting open the dressing to loosen or tighten it. This has been satisfactorily demonstrated by a number of cases where the dressing has remained undisturbed and unchanged from first to last, and a perfect cure has been the result; neither deformity or shortening being discoverable even in fractures of the thigh. As to the splints to be used in the treatment of fractures their name is legion; but they are all based upon one idea, viz: sufficient and comfortable support, strength and lightness. In every case a certain amount of strength is necessary to maintain firm support; and where it is possible for the patient to move about, the splint should be as light as is consistent with their strength in giving support. In the upper extremity this is always the rule, as the patient is generally able to move about; but in the lower extremity this does not appear to have been considered as a matter of any consequence, as these fractures are generally treated by confinement to bed; it being supposed, that since one of the supports of the body is broken, the body can no longer support itself, and, as a consequence, must stay in bed. But when we consider the evil results of prolonged confinement to bed, it is infinitely better to treat these fractures without such confinement if we can, especially if

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we can obtain as good results; and if we can obtain better results, then of course we should never treat them in this way.

It is in the treatment of these fractures that the greatest progress has been made, securing comfort to the patient with the smallest amount of confinement, and doing away with the harassing irritation and frequent sloughing produced by the old extension and counter-extension, besides giving a better result and attended less frequently with non-union. It being a self-evident fact that whatever disturbs the comfort or health of the patient, interferes with the work of repair, it must follow that prolonged confinement to bed will be attended by slow and sluggish reparative action; and, as a consequence, we have ununited fractures, wasted limbs, and broken health. And, on the contrary, such treatment as will permit movement without risk of disturbance of the fracture will certainly maintain the best standard of health and promote rapid union.

In children and old persons it is of the greatest consequence that we should avoid prolonged recumbency; children rapidly suffering in health from privation of exercise, which is natural and necessary; and old persons falling into a feeble state that develops a low form of pneumonia, or is attended with bed-sores and low irritative fever that soon leads to death. For this reason the most common fracture of old persons, viz: intra-capsular fracture of the neck of the thigh bone, is not now treated by confinement to bed with heavy splints, but the patient is allowed to move about as soon as possible with the limb and fracture supported in starch or plaster bandage. In this way the health is maintained, and if there is any possibility of bony union occurring, it is more likely to occur under such circumstances. But as there is not much probability of such good fortune, owing to the nature of the fracture, it is at least the best thing to do to preserve the health if we cannot cure the fracture. In adults, especially healthy ones, prolonged confinement to bed can be borne with less permanent injury;

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but even in these the effect is bad, not only in impairing health, but in being more frequently followed by failure in the work of repair, as we see in the numerous ununited fractures under such treatment. And as a proof of the superior advantages of a treatment permitting motion, it is a well known fact that the best means of promoting union in these cases is to put them up in starch or plaster bandage and give them the benefit of out-door air and exercise.

Regarding the great advantage of the treatment of fractures of the lower extremity with the starch or plaster bandage, it seems strange that it should not be universally adopted; and it can only be accounted for by the supposition that it cannot be properly understood—many excellent surgeons still thinking that it is only applicable to the later stage of the treatment, after the subsidence of all swelling, and after union has become tolerably firm; and that if resorted to sooner it is at great risk of dangerous compression, necessitating removal, or there would be shortening and deformity for the want of extension and counter-extension; which, they seem to think, is not sufficiently maintained by it. But when it is considered how uniform and close is the pressure in every part of the limb, it will be seen at once that there can be no movement at the fracture and no shortening, if the adjustment is properly made at first, and if it is maintained until the apparatus has become dry. And if the fracture is adjusted immediately, before the occurrence of swelling, there will hardly be enough to require the removal of the apparatus; particularly if starch is used, which, cooling as it dries, keeps it down. If swelling has already occurred it may be better not to use the starch or plaster until after its subsidence, as the apparatus will have to be cut open and trimmed to meet the decreasing size of the limb—though it is a question whether it is not better to do this than to subject the patient to prolonged confinement. Of course it may be necessary to cut open the apparatus if swelling should occur after its application to such an extent as to make it too tight, or, if it should become too loose

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from subsidence of swelling. But if it is applied over a double thickness of cotton wadding the elastic compression and expansion of this will maintain sufficient support and prevent injurious pressure. And if the light paste-board splints are properly prepared and placed, the apparatus will hardly become so loose that sufficient support will not be kept up by them, particularly as this loosening occurs at the latter period of the treatment when the union has become so firm that very firm support is no longer needed.

Having premised this much as to the treatment of fractures generally, the treatment of special fractures may be considered ; though it is not my intention to write a treatise on this subject, but only to bring forward what appears to me to be the best and simplest treatment of such fractures as are commonly met with. In fractures of the nasal and superior maxillary bones, there being no disturbance from muscular action, very little support is necessary after adjustment of the fractured bones, which, in case of the nasal, is effected by means of a strong director, or dressing forceps introduced within the nostril closed and the blades separated to raise the bone into position. In fractures of the superior maxillary, if the bone is depressed it must be elevated with an awl or a bone screw. As there is always a good deal of bruising of the soft parts in these fractures, which are produced by direct violence, lead water and laudanum or arnica and water should be constantly applied until pain and swelling are relieved.

In fractures of the lower jaw-bone there is more or less deformity from the action of the powerful muscles that move it, and the jaw must be fixed by bringing the teeth firmly against those of the upper with a four-tailed bandage, the fore-part of the middle of which is in front of the chin, and the ends are tied behind the upper part of the neck, the back part under the chin and the ends tied over the top of the head; the surplus ends tied together prevents slipping. A compress may be placed under the chin to enlarge

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the surface of support of the bandage; but I have not found any advantage in the beginning of the treatment from the paste-board mould recommended as a splint. After a fortnight, a chin-cap of leather, held on with an elastic band over the head, makes the treatment more comfortable and permits a slight separation of the jaws for soft food. The bone is generally firm enough in four weeks to lay aside the bandage and permit careful mastication.

In fractures of the clavicle I find nothing better than Levis' apparatus or the simple figure of eight of the elbow, the latter of which is made by taking a piece of cotton cloth two and a half yards long and a quarter of a yard wide, placing the elbow of the injured side in its middle, bringing the hinder part to the front and carrying it around the arm above the elbow and across the back to opposite axilla; the front portion is carried behind the back obliquely up to the opposite shoulder, where the two ends are tied together in front of the shoulder, leaving enough end to make a sling for the hand. The purchase effected by this simple contrivance from the shoulder of the sound side to the elbow of the injured side accomplishes the desired end of throwing the shoulder backwards and raising it up. In fractures of the humerus three splints are required; two of light, thin wood, and one of paste-board; one of the wooden ones reaching from the axilla to the upper edge of the inner condyle; the other the length of the humerus posteriorly; the paste-board one cut angular and extending from the top of the shoulder on outer side to the end of the fingers on the back of the hand, to prevent movement of the forearm. In fractures of the upper part of the humerous it should be cut in such a way as to set snugly against the deltoid and form a cap for the shoulder, and the arm should be bound to the side of the chest with a pad interposed between it and the inner splint to keep the lower fragment pressed outwards. In fractures at and near the elbow joint I have found the best results from keeping the arm in an extended position by means of a straight splint along the back of the

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arm, forearm and hand for the first week or ten days, and then bringing it up to a right angle in angular splints along the inner and outer sides during the remainder of the treatment. If the limb is put up in angular splints at first the pressure of the bones against each other in flexion causes displacement. Fractures near the middle of the forearm are most conveniently and comfortably treated with two splints as wide as the forearm; one extending from the outer condyle to the end of the fingers; the other from the flexure of the elbow to the wrist joint. There is no need of an interosseous pad; for if the bones are properly set, the support of the splints and pressure of the bandage will prevent displacement by the promotors. In fractures of the lower end of the radius the back splint should be inclined strongly towards the ulnar side, like the handle of a pistol on the hand part, to overcome the action of the supinators, or Bond's splint may be used, which meets every indication and is exceedingly comfortable.

In fracture of the ribs the starch bandage held up by shoulder straps, each turn applied after an expiratory movement, answers better than adhesive plaster, which is too hot and irritating. The recommendation to envelop the chest in a broad band of adhesive plaster is neither effectual or comfortable, as the band cannot set close in every part owing to the unequal size of the chest.

Fractures of the thigh and leg I treat with the starch bandage. In fractures of the thigh at or near the neck, or lower extremity, the double inclined plane gives the most comfortable support, until the spasm of the muscles has subsided. In all other cases the starch bandage may be applied immediately. In preparing the apparatus for the starch bandage I use a strong cloth paper, which is flexible and has sufficient strength to give support and maintain extension. This is cut into strips, which answer for splints, three long and one short; one for the outside, about five inches broad above and tapering to two at the lower end, reaching from the crest of the ilium to the outer malleolus;

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the inner one about four inches broad above, and reaching from the pubic bone to the inner malleolus, tapering to two inches below; the posterior one, about the same size, and reaching from the anterior border of the tuberosity of the ischium to the heel; the anterior one covering the front of the thigh from the spine of the ilium to the patella. These are all measured the length of the sound limb before they are applied.

The proper length of the limb is maintained during the application of the starch bandage by an extending band of rubber plaster passing down each side of the leg and forming a loop beneath the sole of the foot, through which a strong cord is passed with a heavy weight at the end hanging over the back of a chair. The extension is kept up until the bandage is thoroughly dry, which usually requires about forty-eight hours. The plaster of paris sets quickly, and in this respect is better than the starch. But unless it is freshly prepared it does not harden properly; and, as commonly applied, is altogether too heavy to admit of the movement which is the chief advantage of this treatment. A special advantage of the starch, in addition to its lightness, strength and cleanliness, is the cooling effect produced by its drying, which prevents the occurrence of swelling, so much deprecated as an obstacle to its immediate application. Having repeatedly applied it immediately after the occurrence of fractures of the thigh and leg, I have rarely found it necessary to disturb it for swelling or discomfort of any kind. If the splints of paste-board are made of proper length, are well soaked in starch, and applied with just enough firmness to give uniform support over the double thickness of cotton wadding, it appears to me to be impossible for any shortening or deformity of the limb to occur. The back splint should be strengthened with a piece of light, thin wood under the thigh, and the outer splint should be firmly supported by a spica bandage at its upper part, especially in fractures high up. With these precautions all tendency to deformity is obviated. I have sometimes found

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it an advantage to cut through the circular turns of the spica bandage around the pelvis, after awhile, and sew on a buckle and strap to regulate comfortable pressure and support.

Fractures of the patella can also be most comfortably and efficiently treated with the starch bandage, first drawing the upper fragment down to apposition with the lower by means of long adhesive strips crossing obliquely at the upper edge of the upper fragment, and fastened to the back splint behind the leg. As it is necessary to preserve apposition for a long time—perhaps two months—it is apparent how great is the advantage of treatment that does away with confinement to bed. In the ordinary fractures of the leg at the lower part, two side splints of cloth-paper pasteboard, reaching from the lower border of the tuberosity of the tibia and the head of the fibula to the inner and outer side of the foot, with holes for receiving the malleoli, the splints extending a little backward to the heel and forward on the side of the foot, to confine and support it, applied over a double thickness of cotton wadding, with the starch bandage, leaves nothing to be desired. When there is shortening from oblique fracture, extension has to be made during the application of the starch bandage, and while it is drying, with rubber plaster strips applied below the fracture with cord and weight attachment. In fractures of the upper part of the leg, the side splints should reach well up on the thigh, to confine the movement of the knee and give firm support.

In Potts' fracture, and fracture of the lower end of the fibula, I have found no necessity for the use of Dupuytren's splint, and when I have used it, it has done harm by the pressure it produced. The displacement, when rectified by manipulation, has no tendency to return, and the most comfortable support is afforded by the side splints of pasteboard.

Compound fractures, if the wound is of such a nature that it can not be closed, are best treated by thorough

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drainage, antisepsis, cleanliness, and support. Skill in the management of the support, and in making the drainage effectual, and patience in watching the work of nature, will accomplish wonders. As these fractures heal slowly, patience is a very important element in their treatment, and a knowledge of the capabilities of nature's work of repair very necessary. Many a limb has been saved that would have been condemned to amputation for the want of this knowledge, and many a limb has been sacrificed for the want of it. The time required for the repair of fractures is also a very necessary part of our knowledge in their treatment, as much of the comfort of the patient will depend on it. The small bones, and bones of the upper extremity, unite more rapidly than the larger ones and those of the lower extremity, and our treatment will be modified accordingly. Of course the confinement of splints and bandages should be done away with as soon as their support is no longer needed. In young children, the bones of the forearm and humerus will be firmly united in four weeks, the clavicle in two weeks, and I have seen it quite firm in an adult in less than three weeks. The bones of the leg in children will be found firm in five weeks, and the thigh in six. In all these cases, it will be well to add two weeks for adults, and to keep up some support, without uncomfortable confinement, for a fortnight longer. The patella, on account of its isolated position and defective nutritious supply, requires a longer time than other bones for union; and, being the centre of motion in extension of the leg, flexion of the leg has to be guarded against for some time after the removal of confining dressings, to prevent separation of the fragments. Fractures near joints, or involving them, are followed by more or less immobility and rigidity of the joint, that requires time, passive motion, friction and douches for its removal; but I have never interfered with the treatment of a fracture to resort to passive motion to preserve the mobility of a joint, having always found that that could be restored better afterwards; it being a golden

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rule in surgery never to disturb a joint when it is inflamed.

Following the reading of this paper, Dr. EDWARD H. SHOLL, of Birmingham, said:

It was his wish to confine his remarks to the nature and treatment of Colles' fracture - a fracture which, above all others, had given great trouble to the physician in its proper adjustment, and was so often attended with unsatisfactory results. Properly it was a fracture of the lower end of the radius to a point as high up, as conceded by different authors, as an inch and a-half above the joint, and so low down that it sometimes, directly in the line of fracture, involved the joint itself. The fracture long known as Barton's fracture, in which it is claimed "a quite small fragment is broken from the end of the radius on its dorsal side," repeated attempts to produce on the cadaver, by Dr. Levis particularly, have been unsuccessful. It is, hence, highly probable that as a separate and distinct fracture, it does not exist. The fracture is usually transverse, and almost invariably occurs when the hand, thrown forward to protect the falling body, is in a position of extreme extension, and breaks at the point it does here on account of the cancellated structure of the bone, which, of course, renders it less able to resist any force directly or indirectly applied, especially as from its conformation, that force is thus expended on the weakest point of the curve of the arch; for, apart from the impact of the blow, Dr. Levis has demonstrated that this fracture can be produced by "extreme backward extension alone."

The anterior carpal ligament is so strong that it will not give way, allowing a laxation, hence the resultant fracture in which the necessary displacement of the lower fragment is upward and backward, with a peculiar deformity by a falling in of the palmar surface and raising of the dorsal surface as to cause this, generally known as the silver fork deformity.

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Understanding, then, the nature of the fracture, the simple method of reduction is by extreme extension with gradual force cautiously applied, flexion of the joint with dorsal pressure carefully and firmly directed to the lower fragment.

As this fracture so frequently results in permanent deformity with greatly impaired use of the hand, it is wise to resort to such means of dressing a fracture as will, in a great measure, relieve us of a probability of untoward results. To this end I have for nearly twenty-five years resorted to the splint, a dorsal straight splint properly padded, advised by Dr. John Swinburne, of Albany, N. Y., and with such a satisfactory amount of success as has led me since then to its constant use. The dorsal splint, after the fracture is properly adjusted, extending from the elbow joint, is strongly fastened near the elbow joint with adhesive strips—rubber plaster in these latter days—then moderate extension is used, and the splint, which extends to the middle of the back of the hand, is pushed firmly back, a proper compress being placed at the necessary point near the fracture to exert an equable pressure, while the hand of an assistant grasps the hand and carefully extends it, when the adhesive straps are adjusted around the splint hand and wrist in such manner as to preserve the perfect coaptation of the parts. More adhesive strips are placed about the middle of the arm, and thus secured, the arm is placed in a sling in such manner that the hand shall be elevated above a straight line. This having been done and the tightness of the dressing carefully watched, it must thus remain from 28 to 35 days, at which time it should be examined, and if union is perfect a simple strip of rubber plaster dressing for 10 or 15 days longer is all that will be needed. It has been my uniform experience that when this dressing is applied at once the power to grasp the hand of another, or to take a pencil between thumb and forefinger, is restored. The amount of inflammatory process is less than is observed where so careful regard is not had to complete extension. Next in value to this is the splint

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of Dr. Levis, of Philadelphia, by which good results can be obtained in a fracture where, Hamilton says, the results in more than 70 per cent. are to the impairment of the use of the hand by reason of stiffened fingers and deformed joint. I earnestly call attention to the beneficial practical results that have come from the frequent use of this splint by me.

In 1862, while at home on furlough during the latter part of August, a lady came to me with perfect loss of any practical use of the hand, the result of a Colles fracture occurring some three months before. The nature and gravity of the injury had not been detected, and as a consequence she could not touch the thumb and fingers and, of course, could not knit, an occupation greatly needed then, and the ability to do which thing was greatly coveted. Breaking up all adhesions the arm was dressed with Swinburne's splint, as above described, and immediately she was able to touch fingers and thumb, and in a short time to knit and to have a partially good use of a previously useless hand, an invaluable gift to her.

I had recently perfectly good results in a case of Colles' fracture in a lady eighty years old, a case which would test the practical value of any form of dressing. The use of this splint gives instant comfort, is simple, easily applied, and promises certainly as generally good results as can be hoped for in as serious an injury as this by any known method of dressing, and infinitely better than many devices in use.

Dr. Frank Prince, of Jonesboro, said: I approve of all that has been said by Dr. Heustis, and beg leave to report some cases of fractures, and the manner in which I applied the paste-board splint.

Fracture of the Humerus.—By the aid of an assistant, the broken ends of the bone were perfectly adjusted, and the starch paste-board splint applied. I had a sufficient quantity of paste made and poured into a flat tin vessel, and into this hot paste I placed the paste-board

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splits after cutting them half an inch wide at one end and one inch wide at the other, and as soon as they were thoroughly saturated with the paste I applied them and started the roller at the same time, applying the second and third, and so on, until the arm was covered, continuing the bandage all the time, and again going over until the pasteboard was doubled, and the bandage well applied. The arm was then placed on an angular board until the paste was dry, when it was put into a sling suspended from the neck. Every instance made a good recovery.

I also made application of the steel wire gauze splint in three other cases. To obtain this wire I procured a common wire-sieve, used in sifting meal, took out the bottom and with a pair of scissors I cut it out to suit the fractured limb, and after adjusting the broken ends of the bone I applied the wire gauze and bandaged it to the limb. The wire was turned up at each end so as to keep it from pricking the flesh, and then the bandage was applied. These cases were all a perfect success.

But I desire especially to call attention to a comminuted fracture of the thigh, and compounded with extensive laceration of the tissues. I saw this case twenty-four hours after the accident. He, with others, was building an iron bridge, about twenty-one feet above the rocks, in the bottom of a wide and shallow creek. One of the cross-pieces of iron about twenty feet long, eighteen inches wide, and two or three inches thick gave way, carrying all three who were on it to the rocks, breaking the legs of two of them, the other escaping unhurt. This bar of iron fell across Mr. ——'s thigh, crushing it to atoms, and thrusting the broken fagments through the flesh. The tissues were terribly bruised and lacerated, and my advice to him was amputation, but he objected. I told him I thought he would die if amputation was not performed, but he would not consent. I also told him that in case he did recover his leg would be much shorter than the other, and of little use to him, but nothing could persuade him to have it amputated. So

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I examined the fracture closely, and did the best I could for him. I placed him so that his body might counteract the extension to be made by a heavy weight. I procured a suitable cap to foot and ankle, with a strong strap under the foot; to this I fastened a stout cord to go under a pulley and roller six inches from the foot, and over another roller securely fastened to the ceiling above him, and after making sufficient extension to make both legs measure alike, I attached twenty pounds to the cord and left it suspended near the floor. The extensive bruise and laceration I treated as follows: I had the bottom taken off from an ounce vial, put a silver catheter through the cork stopper, and introduced the curved end into the wound and filled the vial with alcohol and water, equal parts, and four drops carbolic acid to each ounce. This was blown into the wound, and the leg was kept cool by cold applications. This was kept up for eight weeks. He made a good recovery, with his leg shorter, as he was told by me that it would be.

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SUPERFICIAL SCALP WOUNDS.

BY BRICE MARTIN HUGHES, M. D., OF BIRMINGHAM.

The better to understand the nature and peculiarities of these wounds, and as preparatory to their successful management, it becomes expedient that we briefly review the anatomy of the scalp. We find the scalp composed of skin, adipose tissue, aponeurosis of occipito-frontalis muscle, loose connective tissue and pericranium. The blood vessels are situated in the second or adipose layer, and are quite abundant. The arterial supply comes from the supra-orbital, anterior branch of the temporal, occipital and posterior auricular. The points at which these vessels can most readily be compressed may here be indicated, both for diagnostic and curative purposes. The supra-orbital is located just above the supra-orbital notch and courses some distance up the forehead. The temporal branch, one to one and one-quarter inches behind the external angular process of the frontal bone; the occipital about the middle of a line drawn from the external occipital protuberance to the mastoid process; the posterior auricular near the apex of the latter process. The best guide, however, to any or all of these vessels is pulsation. The two former vessels supply more especially the anterior, while the two latter supply more especially the posterior portions of the scalp. This is true as a general rule, yet none the less is it equally true, that these vessels anastomose so freely as to make any special region independent of any particular artery for its supply of blood.

The venous, like the arterial supply, is abundant. The veins follow the general course of the arteries and bear their

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names. They have no valves, or if any, they are so imperfectly developed as scarcely to deserve the name. The pericranial communicate freely with the meningeal, through the diploic veins; the frontal also communicates indirectly with the cavernous sinus through the angular and opthalmic veins; the occipital through the mastoid foramen, with the lateral sinus and others, through the interparietal suture with the longitudinal sinus. Both the arteries and veins are very closely adherent to surrounding tissues. The lymphatic vessels follow chiefly the courses of the occipital and temporal arteries, they being in more direct communication with lymphatic glands. The nerve supply comes from the three divisions of the fifth, seventh, and occipital.

Having thus hastily reviewed the salient points in the anatomy of the scalp, let us now see what deductions are to be drawn as regards its wounds. The skin, since it contains considerable white fibrous, and more or less yellow elastic tissue, superimposed upon a loose connective layer, is necessarily quite elastic, and when divided, retracts widely. The blood vessels being situated in the second or adipose layer, should teach us two or more important facts, namely, that flaps, unless violently contused, rarely slough, because they carry their blood with and in them, and we are to try and save as much tissue as possible, instead of recklessly paring it off; and, again, that in phlegmonous complications we are not to wait for sloughing to occur, but to make free incisions early, since if it take place at all, it will only be after considerable burrowing. The pus in these accumulations is beneath the cranial aponeurosis and pericranium in the cellular tissue.

The veins being valveless, bleed freely, and when the larger ones are cut may take air into the circulation, since they do not collapse here as in other localities on account of their firm adhesion to surrounding tissues. This latter anatomical peculiarity explains the great difficulty so often experienced when an effort is made to draw either the arte-

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ries or veins from their sheaths, and hence why hemorrhage is usually profuse. The open condition of these vessels also favors septic complications. The rich communication between the intra and extra cranial vessels should teach us to be ever on the alert to see and intercept any complications which may arise.

The nerve supply is partly furnished by the sensitive fifth, the most acute of all the nerves. Indeed, we may safely affirm that whenever this nerve sends filaments, there is pain most acute and intolerable. Perhaps nature had an eye single to the protection of the important intra-cranial ganglia in this anatomical dispensation. Again, many times the nerves are contused, being favorably situated for such an accident, and which, when the case, will afford ample explanation for the pain.

These wounds are important because of their frequency, and because they are not relegated to the domain of surgery alone, but come often under the care and management of the general practitioner. Again, because of the proximity of the brain and great nervous centres, and in view of the many dread complications which not infrequently arise, especially whent he attendant has been careless or indifferent, does it become, not only necessary that we should be acquainted with, but carry out the most improved methods of treatment. "No injury of the head is too slight to be despised, nor too severe to be despaired of." He who sees in them all a possible element of danger, and takes every precautionary step of treatment, as well as sees in them all a reasonable hope of cure, to him will be awarded the greatest number of cures, and the fewest number of complications and failures.

Scalp wounds may be divided into open and subcutaneous wounds; or again, into bruises and contusions, penetrating or incised wounds and extensive lacerations. Called to manage any of these wounds, we are first to arrest the hemorrhage, next see to the patient's general condition, cleanse the wound, coaptate the edges as best we can, and lastly,

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intercept all disturbances to healing, and relieve all complications.

Let us consider these indications seriatim. First, as to hemorrhage:

The situation of the wound, assisted by digital pressure over the main trunks of the vessels, will usually decide what vessels are probably wounded, and whether trunks or branches. Hemorrhage is both arterial and venous. The veins being valveless and closely adherent to surrounding tissues, and thus prevented from collapsing, and their current rather favored by gravity, bleed most profusely. In other parts of the body when a wound is inflicted, the irritation thereby set up causes the arteries to contract their mouths and retract into their sheaths, and the veins to collapse, while the severed tissues falling over their mouths entangle the fibrinous fibrils. In addition to these measures the elastic tissues and muscles compress the vessels and so diminish their caliber, and, consequently, the amount of blood going to the parts as well as the rapidity of its flow. By force of these measures nature many times succeeds in forming a temporary clot, but failing, the patient continuing to bleed, ultimately faints; when in a condition of syncope, she accomplishes her object. Often our interference is imperatively demanded. The aim of such interference should be to assist nature by the employment of such measures as are calculated to interfere in the least possible degree with early and perfect union. The agents which we employ to control the hemorrhage act either by exciting vascular contraction, by compression, by diminishing blood supply or as coagulants. That method which will be most certain, and least likely to foster complications, will be the proper one to select. Many times our subject has lost already all the blood that can be afforded, and under these circumstances we are to use our best judgment. The means for checking hemorrhage naturally divide themselves into means of direct vascular contraction, of compression, of plugging the orifices of the severed vessels, and lastly, such as interrupt the blood current.

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Means of Direct Vascular Contraction.—The more ordinary of these means are the rapid change of air, as in fanning, hot and cold applications. When the hemorrhage is from only a few, and these small vessels, the first mentioned is an exceedingly useful, and always available method. It acts by coagulating the blood, and thus effectually controlling the hemorrhage. Failing with either method of applying air, we may resort to, and most likely succeed with, one of the more powerful agents, cold and hot applications. Cold is a most potent agent for checking hemorrhage. Its application should not be too continuous since we thus jeopardize the chances of union by first intention, and increase the possibilities of subsequent inflammation. In addition to these untoward results, its long application augments shock, and lessens the vitality of the wounded surfaces. Cold may be applied by irrigation, sponges, ice, directly and indirectly. In hot water we have our best hæmostatic. To the injured tissues it acts as a stimulant. These applications must be frequently renewed and the temperature vary between 129° and 139° F., and are to be kept up until all bleeding stops. A towel or sponge, dipped into the water, and wrung or squeezed, and gently applied to the bleeding surfaces will ordinarily be sufficient. By these warm applications we incur no additional risks, for, indeed, they favor union by first intention. In the absence of a thermometer, the best available guide, as to the temperature of these applications, will be the surgeon's own hand. In water of the temperature above indicated, and when freed from all "hurtful organisms," by proper quantities of bichloride of mercury, carbolic acid, &c., we have our best and most universally applicable hæmostatic. When iodenized to a sherry wine hue, hot applications control capillary oozing perhaps better than any other agent, atmospheric contact excepted; besides, it is not inconsiderably disinfectant, and tends to the formation of that glaze over the wounded surfaces which contributes so much to primary union. Alcohol acts much in the same way.

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Prof. Billroth, in addition to these measures, has urged the claims of turpentine as an hæmostatic. While it is undoubtedly very powerful, at the same time it is very irritating, causes much pain and interferes with rapid union, because it increases inflammation. We are not to choose this hæmostatic then, when in reach of those less injurious and not less potent for good. Causing the formation of a blood clot, however, to be left in situ until absorbed, does not conform strictly to the teachings of Listerism; but if the formation of such clot is encouraged only as a temporary hæmostatic, to be removed at the earliest practicable moment, and thorough anticeptic measures instituted instead, then the step is not open to the same criticism. Clots not unfrequently conceal bleeding vessels, and which, when removed, and air allowed to reach the vessels, hemorrhage is promptly checked.

Means of compression act either by stimulating the tissues to more energetic contraction or they act mechanically. Physiological compression is to be relied upon only when the injured vessels are small; when larger, it must be rendered more certain by mechanical compression. The varieties of mechanical compression specially useful in these wounds are compresses, bandages, the surgeon's fingers, sutures, forceps and ligatures.

When the hemorrhage is only a capillary oozing which persists despite tissue contraction and atmospheric contact, a well applied compress is of incalculable value and usually very prompt in its action. Compresses are to be applied directly to the bleeding points, built up as a pyramid apex toward the scalp, and retained in place by a well applied bandage. We are not to forget, however, that compresses are only intended for purposes of hæmostasis, and that as soon as possible they are to be removed, and if hemorrhage recur, if ligatures be convenient, it will be better to apply as many as may be necessary rather than renew the compression. Lateral pressure many times, in bleeding from the

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smaller vessels, assisted by the bandage, will be sufficient to check the flow. Digital pressure, likewise kept up for a sufficient length of time, will promote the formation of a clot sufficiently dense to control all hemorrhage, when furnished by small vessels.

Prolonged pressure may be applied either by needles, forceps or ligatures. Acupressure is perhaps equally, if not more useful in these than any other wounds. By using pins and afterwards applying the figure of eight suture, we not only control hemorrhage, but also most perfectly coapt the edges, a measure then highly useful. Force-pressure is more to be used as a *denier resort.* The ligature is perfectly reliable. To it, however, many grave objections are to be offered, especially to silk and kindred ligatures. These objections to silk and other ligatures have resulted in the discovery of animal variety which, while free from all the disadvantages of silk, possess all its advantages and more. The chief merit possessed by the animal ligature is, that of its ready and complete absorption. When used we cut both ends closely, coapt the edges of the wound as though no ligature at all had been used; not so, however, with silk; with it we must allow one edge to project from the wound in order to remove it at a future time, and hence we cannot consider our wound perfectly coapted. Of the animal ligatures, cat-gut is most readily and cheaply obtained, if, indeed, it be not best. It is aseptic, unirritating, and in no way interferes with primary union. "It is only a little less easy to manage than silk." Ptomaines are not increased by its presence, for the tissues included in the noose do not die, nor does the external arterial coat slough or ulcerate. Aseptic silk ligatures, except in introperitoneal wounds, are not much used since their encystment cannot be relied upon.

Means for plugging the open orifices of the vessels consist in torsion, coagulants and the actual cautery. The first named is deservedly a very popular method with many surgeons, especially in hemorrhage from the smaller vessels.

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We would recommend that the end of the vessels be twisted off so as to be sure that the process has been carried far enough.

Except as a last resort all styptic salts, &c., are to be avoided, since in their application we preclude all possibility of primary union. The actual cautery may be disposed of in the same summary manner. Means for interrupting the blood current, such as position, digital, compression, &c., are of little avail, many times. The vessels are readily discovered, but anastomosis is so free they are not always easily controlled. Treatment of the temporal artery, when only partly cut through, is obviously different from that of other trunks; being only slightly adherent to surrounding tissues, its complete division is to be effected in order that retraction may occur and a clot be promoted.

Cardiac sedatives, when improved surgical means are available, are not to be relied upon.

In the application of the foregoing measures to the stoppage of hemorrhage, we wish to be understood as intending them as available in venous as well as arterial hemorrhage.

The patient's general condition should next engage our attention. Shock is to be dealt with more or less vigorously, according as it exists in greater or less degree, with alcoholic stimulants swallowed or thrown into the rectum or injected hypodermically; ether and ammonia inhaled or thrown into the veins, or, perhaps, a little digitalis, &c. As soon as the general condition of the patient will permit we proceed to cleanse the wound. All foreign bodies are to be removed carefully either by sponging, irrigation or forceps. The more scrupulously clean the wound is made and maintained the better the chances for primary union, and the less likely are complications to arise. Gentleness and the production of as little pain and disturbance as possible are prerequisites to success. The water used should contain some one of the numerous germicide remedies, as corrosive sublimate, carbolic acid or permanganate of potash.

Even though inflicted by the keenest and thinnest of in-

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struments, these wounds are all followed by more or less necrosis of tissue in the line of cut. Yes, always; and just in proportion to the amount of contusion and laceration, and consequent ptomaines, does drainage become necessary. It is upon an appreciation of the previous fact that all antiseptic precautions are based. In these enlightened times we no longer believe primary union to be chimerical and impossible. We see almost daily proofs to the contrary. Indeed, we know that suppuration is not only not necessary to prompt union, but further, that its too frequent occurrence reflects more or less discredit upon the attendant. Accumulations of pus burrow easily, since there is little resistance; but many times by early and timely incisions made at dependent points, assisted, as we generally are, by the force of gravity, we can establish a natural drainage. Drainage well done need not interfere with union by first intention, if it be possible otherwise to obtain it. Cat-gut, hair and thread in quantity to meet the demands in each case, made thoroughly aseptic and placed in the bottom of the wound, the edges are to be coapted in one of the various ways. Capillary drainage is generally all that is necessary.

Prof. Köcher's method of secondary suture in these and other wounds will be often found most useful, especially where ready and complete cleanliness and perfect antiseptic measures are not convenient.

We are not to be content with cleanliness of the wound surface merely, but to look also to the surrounding parts. In many of the very slights wounds of the scalp, after checking hemorrhage, and trimming or shaving off the hair, it will be all that is necessary to cover over the surfaces with subcarbonate or nitrate of bismuth, iodoform, or, perhaps, a little flexile collodion may be applied by means of a medicine dropper. In the more extensive wounds, however, we cannot be too careful to cleanse the surrounding parts of all blood and other substances which may serve as pabulum for germs to feed upon, or which, by their putrefaction, may

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produce or attract them. In these wounds we may begin by cutting or shaving the hair closely from around the edges of the wound, so as to be certain that it shall not interfere with primary union either by getting between the edges or by retaining any of the products of inflammation. Each time the surrounding parts are to be cleansed and dressed just as the wound proper.

Dressings, if they are to accomplish good rather than harm, are to be soft, clean and so medicated as to filter and purify the air which passes through them of all impurities, while at the same time they absorb all secretions and thus facilitate drainage. Dressings are to be changed just as often as they become saturated with the wound secretions, or become hard and irritating, or the temperature reaches 102° F., without other obvious cause. Dressings had best be removed under an antiseptic, as of carbolic acid, 1-20, or corrosive sublimate, 1-500 or 1000. If, in defiance of antiseptic measures, the wound becomes septic, pus forms and burrows because of defective drainage, as before intimated, free incisions are to be made without delay and afterwards thoroughly cleansed with a strong germicidal solution of zinc, carbolic acid or corrosive sublimate. All necrotic tissue must be removed. Apposition of the edges is our next duty.

Bandages and sutures constitute our armamentarium for this end. The bandage used may be an ordinary roller or some one of the various plasters. Adhesive strips, as a rule, are objectionable, because they interfere with wound cleanliness, favor sepsis rather than asepsis, and at the same time they conceal the wound from sight and oftentimes fail to afford satisfactory support. For the retention of other dressings, as adjuvants, then they are most useful. Plasters should fill the function usually assigned to collodion, being used, we think, less frequently than the latter.

Suturing is by far the most reliable method, and in wounds of considerable magnitude, we dare say least objectionable. We are not unmindful of the great popular and

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not inconsiderable professional prejudice against this measure. Here all other measures should be supplementary to it. Sutures may be used for purposes of coaptation, approximation and relaxation. In simple incised, the former variety may be used, while in contused and lacerated wounds, one of the latter varieties.

Cat-gut, of all suture material, is preferable; then comes next, in point of merit, the metallic, and lastly, the silk sutures. Whatever the form selected, they should be as small as will bear the traction of the tissues, and if not already aseptic, should be rendered so as soon as possible. The forms of suture specially applicable to the scalp consist of the figure of eight and interrupted varieties. The limited experience which we have had in the use of the former has indeed been most happy. We usually prefer to use a separate piece of thread to each pin, with superficial sutures between. When these superficial sutures are resorted to, we generally have them in place some hours or days after withdrawing the pins. We specially recommend this method. In the absence of silver pins, we may substitute the ordinary toilet pin, and for silk, strong thread. When traction will probably be great, either from much contusion or loss of tissue, this method is not to be substituted by any other, since all others are inferior to it. We may sum up the advantages of pins thus: That for purposes of bringing the lips of wounds together, and retaining them firmly, and also, for cleanliness, we have no better method. Of them Pilcher says: "The results in general of attempts to obtain union by first intention, in wounds of any extent, will be more uniformly successful by the use of the pin suture, as a matter of routine practice, than by relying simply on the ordinary suture and bandage." Suture knots must be placed out of the line of injury on one or the other side. Sutures must be sufficiently near each other to perfectly coapt the edges, and so prevent the passage of all inflammatory products except at the extremities of the wound. In cases where much inflammation is inevitable,

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we had better leave out one or more sutures at each extremity for purposes of drainage. As to how long sutures are to be left in place, no positive rule can be laid down, but usually until union has sufficiently advanced to prevent gaping. When removal of all of the sutures is of doubtful propriety, we had better remove only a few at each sitting until all are withdrawn.

To intercept all disturbances of septic character, we must use antiseptic dressings. Of these, we may mention as specially useful, borated, iodoformized and salicylated cotton. Dressings are to be separated from direct contact with the wound by some unirritating innocuous powder, as amorphous boracic acid, or bismuth sub-carbonate. If the dressing be very irritating, we had better use a protective next to the wound. The latter not only protects the wound, but absorbs products of inflammation, and prevents the dressing proper from sticking to the wounded surfaces.

Erysipelas, septicæmia, and other unfavorable complications of an enthetic type, are not to be considered as unavoidable, but as attributable to errors of treatment. Should phlegmonous erysipelas supervene despite all precautions, free and early incisions will enable us to save much tissue which would be sacrificed without them. Erysipelas can no longer be attributed to sutures or any other special treatment, but more to neglect to carry out thoroughly antiseptic measures. The latter remark holds good also of septicæmia and other allied diseases. In the treatment of erysipelas, we may very correctly use some form of napthalin, since it is believed by many to destroy the special micro-organism producing it. Weak hypodermic injections of carbolic acid are very useful in the beginning of the disease. Later on, antiphlogistic remedies will be in order. Compresses well applied often facilitate drainage after incisions, and thus prevent the pus from accumulating and bathing the tissues. When septicæmia occurs, local disinfection, aided by tonics and stimulants, are necessary so as to tide the patient over the period of elimination.

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Subcutaneous scalp wounds are much simpler in treatment than open wounds. The dangers of sepsis are avoided by the unbroken tissues, and hence many complications in treatment and serious sequelæ avoided. In these wounds, we control hemorrhage by the judicious employment of compresses. Hemorrhage is usually not serious, as the vessels are torn and not clean cut. Cold is many times serviceable. Absorption of the blood takes place readily, but if assistance at our hands is called for, the compress will be all that is generally necessary to bring about that result.

We are not to forget that pain may thwart early union, and therefore we are to induce rest, if not otherwise obtained, by anodynes, opium and its alkaloids taking foremost rank. It would not be extravagant if we venture to hope much from cocaine as a local anæsthetic in these as in other traumatic injuries.

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DYSENTERY IN ALABAMA.

BY FRANCIS MARION PETERSON, M. D., OF GREENSBORO,

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Dysentery has received various names by writers on the subject, as colitis, colo-rectitis, &c., and is known in various parts of the country as "flux," or "bloody flux;" but as it is more generally described under the term "dysentery," this will be employed in the description of the disease.

The prevalence of dysentery in Alabama during the year 1884, and the considerable mortality from it in some localities, the unsettled methods of treatment, and the fact that the subject has not been much discussed by the physicians in the State during the last few years, will be sufficient apology for presenting this paper on the subject to the Medical Association of Alabama. As the causes which produce the disease must have existed at an early period in the world's history, so we find that it was known and described in the earliest times; but it is not considered necessary, and it is not designed to give a history of the disease. Many diseases were formerly classed under the name of dysentery, and many centuries passed before a careful examination of all the symptoms, and of the seat and nature of the disease, made a differential diagnosis possible. Even at the present day, there are many persons who do not know the difference between dysentery and diarrhœa. The object in view in writing on this subject will be to present the facts of experience, and deductions therefrom, which may be transformed into working force by the profession, which may aid them in the management of a disease that is exceedingly

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trying under all circumstances, and occasionally gives rise to the greatest anxiety. This course will leave out, as far as possible, all theoretical speculation as to the etiology of the disease.

WHAT IS DYSENTERY?

The answer would seem easy, but it is not. Every author who has written on the subject has given a different definition. Taking advantage of the license thus established, the following definition is given: It is an inflammation of the colon and rectum, or some portion of the intestinal canal below the ilio-cœcal valve. When it extends above this valve, it has received the name of dysenteric-diarrhœa. It is accompanied with fever, and with tormina and tenesmus, and with muco-sanguinolent dejections, with little or no fecal matter. The large intestine is about five feet in length from the ilio-cœcal valve to the anus. The inflammation may give rise to mild or grave symptoms in proportion to the extent of intestine involved. It is modified also by the glandular structures which may become involved, as the lenticular and tubular, and also the interlobular connective tissue. The question as to whether there is a specific element in this inflammatory process has been much discussed, and is still *sub-judice*, but the tendency which now exists to find a specific cause for all diseases will, ere long, find the micrococci of dysentery. It is said by most of our recent writers, that the inflammation in sporadic dysentery does not differ in appearance from that established by irritants affecting other mucous membranes. But from the same authorities we are to infer that there is a very wide difference between this simple form of the disease and that which prevails as an epidemic, and the latter must be considered as specific, and therefore contagious. Now the disease is the same in its essential nature, whether in the sporadic or epidemic form, differing only in the quantity or intensity of the morbific cause which produces it, and the extent of the inflammation. The producing cause of Asiatic cholera is the same in all cases and in every climate, and

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yet the degree of malignancy differs very greatly in different cases, under different circumstances, and in different epidemics. The conditions which modify the character and progress of dysentery are so numerous and give rise to so many phases of the disease, that a number of adjectives have been employed explanatory of its character; hence the

VARIETIES OF DYSENTERY.

1. *Malarious Dysentery.*—This form of the disease is so common in regions in which malarial fevers are epidemic as to have created the impression in the minds of many practitioners that ordinary malaria stands in a direct causative relation to the disease. But the two poisons are only associated, and we have the symptoms of both manifesting themselves at the same time. The accompanying fever becomes intermittent or remittent, and may become quotidian or tertian, or of double tertian type. As the intermittent is the least formidable of the malarious fevers, so it is least to be dreaded as a complication in dysentery, unless it assumes the congestive form, which involves very great danger to the life of the patient. In an epidemic of dysentery in 1853 several cases died within three or four days, in which the dysenteric symptoms were not at all severe, some having only very slight tormina and tenesmus, and but few discharges of blood and mucus. The pulse in these cases indicated the danger—small, rapid (130 to 160), and extremely feeble. The febrile reaction was not marked, extremities cool, respiration sighing and difficult, abdomen generally swollen and too hot—in fine, they had the symptoms known as those of pernicious intermittent. These subjects were cheerful and hopeful, and had no apprehension of danger to the last hour. All of the forms of malarious fever, when associated with dysentery, pass through their regular stages. Thus, in intermittents we have the cold stage, hot stage, and sweating stage; and in remittents we have the remissions and exacerbations, and the dysenteric symptoms are decidedly modified by these changes.

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But the specific element in the disease here asserts itself, for elimination of the malarious element does not arrest or cure the dysentery. Quinine, which is indispensable and almost a specific in the treatment of the malarious fevers, directly and positively increases the dysenteric trouble, and its administration should not be continued any longer than necessary to eliminate the malarious complication. In cases in which its remedial influence was sought as a general tonic, after the dysenteric process had apparently subsided, a prompt return of the symptoms was the result.

HEPATIC DYSENTERY.

The liver is deranged in its functions in every case of this disease of any gravity, and the sooner this fact is accepted and has due influence in the treatment, the better. But there are cases in which the complication is much more prominent than in others. It is manifested by the general symptoms of bilious derangement—as yellow coat on the tongue, icteroid skin and conjunctivæ, and sometimes bilious vomiting. There is a feeling of fullness in the epigastrium, and other symptoms indicating obstruction in the hepatic circulation; also, pain in the right hypochrondrium, extending towards the right shoulder. There is no appetite—in fact, almost a loathing of everything like food. Hepatitis may supervene with the disease, or it may precede the development of the dysenteric symptoms. When the dysentery is fully established these symptoms may subside, especially after the favorable action of hepatic medicines. But unfortunately this does not always occur, and after the dysenteric symptoms, which have occupied the entire attention of the patient for days, begin to disappear, there is increased pain in the liver, with enlargement of the organ and all of the symptoms of hepatic abscess. The patient often dies suddenly and unexpectedly to those who do not watch the progress of the disease very closely, and the autopsy reveals abscesses in the liver, generally of the multiple form. These are probably caused by the pus or septic

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matter conveyed by the vessels from the diseased colon and rectum directly into the portal circulation. There are cases of abscess of the liver not dependent upon pyæmia or septicæmia, but resulting from general hepatitis.

SCORBUTIC DYSENTERY.

The condition of the blood which gives rise to this form of the disease is produced by the same causes which produce purpura hemorrhagica. It is more common in camps, and hospitals, and prisons, but cases have occurred here, due apparently to the effects of malaria, and perhaps to the pickled pork, which was consumed largely as an article of food. Increased hemorrhage in the discharges, with hemorrhage from all of the mucous surfaces, and rapid prostration, are marked features of this form of dysentery. Petechiæ on the surface of the body, with bronzing of extensive surfaces, especially on the lower extremities, indicate the impoverished condition of the blood, loss of fibrine, red corpuscles, &c.

RHEUMATIC DYSENTERY.

This is certainly a very uncommon form, but cases have occurred here in which there was evidently articular rheumatism with dysentery, in which, when the dysenteric symptoms became severe the rhumatism appeared somewhat relieved, and *vice versa*. In this form of dysentery the abdominal pains are more marked and violent, and the face is more expressive of anxiety and suffering, and there is extreme tenesmus. The rheumatism attacks the knees most frequently, but the symptoms are generally not severe at the height of the dysentery, but after an abatement of the latter disease, there may be a violent increase in the rheumatic symptoms, and they may continue for some time, and attack first one point and then another. The chest may be attacked and cause great pain, difficulty of respiration, and alarming oppression.

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TYPHOID DYSENTERY.

Diarrhœa is a common symptom in typhoid fever, but dysentery is very rare, but cases of dysentery after being protracted, often assume the typhoid livery. Adynamic phenomena are superadded to the dysentery. The pulse becomes frequent, small, and wiry, and intermittent, or it imparts a peculiar thrill not easily described. The surface of the body is hot and dry, and the extremities are generally too cool. Nausea is nearly always present, and vomiting very common. The tongue is brown and dry, or red and sleek, and the teeth and lips are incrusted with dark sordes. The simple forms of dysentery, when not properly treated, may degenerate into the low form, and this is more common when typhoid fever is prevailing in the country. In the last stage of this form of dysentery the discharges become thin and dark and offensive, and frequently involuntary, the strength ebbs rapidly, the pulse becomes extremely frequent and thready, hiccough becomes distressing, the patient falls into a general collapse, and death comes to his relief.

EPIDEMIC DYSENTERY.

"Epidemic dysentery is essentially the same disease as sporadic dysentery. Certain events occur much oftener in the former than in the latter, yet there is nothing pertaining to the epidemic which is not occasionally seen in the sporadic form of the disease. Epidemic dysentery is often very fatal, yet in the epidemics attended by the largest fatality, cases occur which are as mild as the mildest sporadic cases; and on the other hand, occasionally in sporadic cases life is quickly destroyed. Like other diseases which prevail epidemically, this differs greatly at different times and places as regards gravity; and at certain times and places it presents features which it does not present at other times and places. The differences between different epidemics of this disease are, in a measure, to be explained by the co-existence of other diseases, and by the conjoint operation of

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morbific causes not standing in special relation to the production of this affection."—(Flint.) "Epidemic dysentery is frequently spoken of as if it were a peculiar form of the disease. But this is not the case. Every variety of the affection may occur epidemically according to the peculiar influences which may be conjoined with the special cause of the colitis."—(Geo. B. Wood.) These eminent American authors have been quoted to strengthen the position that there is nothing peculiar about epidemic dysentery, and that it does not contain elements which do not belong to the sporadic form. Any form or variety of the disease may become epidemic when the poison which produces it becomes sufficiently prevalent, and it may assume greater malignancy and the mortality may be much greater than in the sporadic form, but it is the same disease, and differs only in the quantity of the poison and the extent of its ravages in each case. It has been asserted recently (Heubner) that there is a specific element in epidemic dysentery; if so there is a specific element in all cases of the disease. It has been asserted that the disease in the epidemic form is contagious. If so, all other diseases when they become epidemic become contagious; and this really seems to be the fact. Epidemics of pneumonia have occurred in which it seemed to be contagious, and this may be affirmed of nearly all of the febrile diseases. When the etiological factors of any disease become concentrated in any locality, it may spread and accumulate such force as to be classed as a contagious disease. The contagious diseases become more contagious under the same circumstances. At one time, a few years since, variola prevailed to such an extent and became so malignant in the southern part of the city of Philadelphia, that no one was safe from an attack—not even those who had been re-vaccinated, or who had had the disease. In epidemics of dysentery there are mild and simple cases which are readily amenable to treatment, and which present none of the specific element which is not constantly seen in sporadic cases. Now, let it be understood, once for all, that

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it is neither affirmed nor denied, that there is, or is not, a specific element in dysentery. The question is *sub-judice*.

CHRONIC DYSENTERY.

This is generally the result of the acute form, but may be subacute or chronic from the first, as it is found in tuberculosis, or when associated with chronic enteritis. It may continue for weeks or months or years, and is characterized by a greater number of dejections than natural, the discharges being small and consisting of mucus or muco-pus with streaks of blood, and occasionally fæces and bile; and when the rectum has become contracted—which often happens, and is in a condition which keeps up the unhealthy discharge—the fæces are passed in flattened or ribbon-shaped pieces, and with considerable tenesmus. Repeated attacks of dysentery often produce stricture of the rectum or colon, and this is a common cause of chronic dysentery. When this condition is once established it is irremediable, or almost so, and gives rise to pain and difficulty in defecation, even when there is no dysenteric matter discharged. In such cases there is almost always constipation, and liability to dysentery from the use of the ordinary purgatives. Dyspeptic symptoms are also common, and there is always a feeling as if the act of defecation was not finished. Imprudence in diet is a very common cause of chronic disorders of the bowels following acute dysentery. As an intercurrent disease, dysentery is common in measles and diphtheria, and sometimes proves to be a very unfavorable complication.

ETIOLOGY.

Climate is supposed to be an important factor in the production of this disease. Thus it is certainly much more common in the tropics than in temperate latitudes. It is supposed that long continued high temperature not only produces general debility and predisposition to the disease, but produces decomposition of organic matters by which

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the peculiar miasm of the disease is generated. Excessive humidity, which also prevails in tropical climates, facilitates the production of the poison. But the disease does not prevail in all tropical climates, nor always when there is most rain, so, although these may be considered predisposing causes in some epidemics, there must be something more besides these. It is probable that there is a peculiar misam which is generated in certain localities, which is probably a low vegetable organism, and may be subject to the same laws of production and multiplication as ordinary malaria. During the months of May and June of 1884, there was a greal deal of rain in Alabama, and the nights remarkably cool and the days very hot, and there was an epidemic of dysentery in many parts of the State. In this latitude it occurs most frequently in August and September, when there is a great deal of rain, and when there is the greatest difference between the night and day temperature. But it is not confined to any season, as several cases occurred in the middle of December, 1884, during the cold rains which prevailed at that time.

Two epidemics of dysentery have occurred near Greensboro. The first in 1853, in the north-west portion of the county, near the Warrior river, during the fall, when intermittent and remittent fevers were prevalent. On Col. B. W.'s plantation there were about eighty cases, including every man, woman and child, white and black, on the place, except the cook—a negro woman about forty years of age. She was asked how she escaped and she said: "by taking molasses." She requested her mistress to give her a bottle of molasses, and she took a good swallow of it three or four times a day, as she stated; "the effect was to keep her bowels open." She professed to have learned of the remedy in North Carolina when a girl. This statement was made to me, and I know that she escaped an attack when every other person on the place was stricken down. The neighborhood where this epidemic prevailed has always

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been subject to malarious diseases, and intermittent and remittent fevers complicated many of the cases. Since the epidemic here recorded, there have been sporadic cases only, and this form of the disease may be considered endemic. The mortality on this plantation was five, the last case being "moribund" when I arrived on the place in the morning, just before day. The treatment pursued by the physician in attendance, as I was informed, (I did not see him), was sedative doses of calomel, one drachm or more at a dose. If any other treatment was used it was not mentioned. All of the cases thus treated succumbed to the disease, (?) possibly because the first cases were more malignant, as is often the case in epidemics.

The next epidemic of dysentery was in the year 1854, in what is known as the "Canebrake," eight miles south of Greensboro, and in the home of malaria. It was confined chiefly to two large plantations adjoining each other, with quarters for laborers about 1¼ miles apart. There were more than one hundred negroes on each place, all belonging to Col. E. More than nine-tenths were attacked. At my first visit, three or four were reported dead, and half a dozen more found in a dying condition. This was on the place where the disease first made its appearance.

The overseer was treating the disease with a compound something like Dwight's cholera mixture, composed of tincture of opium, tincture of camphor, etc. This medicine seemed to check the action of the bowels, and collapse would ensue, and death. In none of the dying cases was there any movement of the bowels. They were cold and pulseless, and all died in a few hours. There were several cases in the first stage of the disease, but had not received the specific, as the supply had been exhausted; but a fresh bottle was obtained by the second day, and the work of death was renewed. It was not until the owner of the plantation was summoned that the would-be doctor was suspended, but not until several more were added to the list of the dead (which was now thirteen, all adults, and

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representing the best laborers on the place). Another physician was now called, and, upon consultation, the disease was pronounced epidemic dysentery. He gave his opinion in the following non-medical but rather graphic terms: "By G—d, they are all rotten, and I will have nothing to do with them!" He was old and pecuniarily independent, and could not be induced to assist in the management of the disease. The only white person on the plantation was the aforesaid overseer, a man about forty years of age, of iron will, and stubborn to the last degree. He professed to have studied medicine in his youth, and had informed his employer that he knew all about "bloody flux," and had treated hundreds of cases on other plantations, without the loss of a single one, "while the doctors killed all they went to." His employer was an able and eminent lawyer—one of the great men of the State—a man of good, sound sense (but of all intelligent men, lawyers know the least about the science of medicine), and he was inclined to let his manager try his medicine, which he declared to be infallible, and it did not cost much (?) to do so. But soon the frightful mortality caused such a panic that it seemed that all would die, and the proprietor now directed his overseer to attend to his business in the field, and leave the care of the sick to the doctor. With all of the responsibility now upon me, I employed an experienced overseer, who was out of business at the time, who had had charge of large plantations, and who understood managing negroes and nursing the sick, and put him in charge of all of the cases, and also appointed all of the nurses on the place who were not down with the disease to assist him. Those that were not in a dying condition now began to improve, and in a short time (two or three weeks), the storm was over, although the disease did not disappear under two months. As it began to abate on this plantation, it broke out on the adjoining place, and more than one hundred cases occurred, but there was no mortality, the same nurse and the same treatment proving entirely successful. The negroes on the latter planta-

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tion were largely related to those first attacked, and all belonged to the same master, and they could not be quarantined away, although efforts were made to do so, and the disease soon spread over the second plantation. It had the appearance of being contagious; but thus it is with all epidemics. I have practiced medicine in this region for many years, and I know that the diseases are typically malarious, and many of the cases of dysentery exhibited periodicity; thus showing the ordinary malarious element.

The complications in this epidemic were inflammation of the eyes, hypertrophy of the spleen and liver, and abscess in the latter organ, inflammation and suppuration of the parotid gland, peritonitis, inflammation of the kidneys and bladder, gangrene of the right lower extremity below the knee (in a young man, aged twenty-one, which necessitated amputation). Another young man suffered from keratitis, and became almost totally blind, but finally regained the sight of one eye. In these epidemics, there was no apparent cause which did not exist all the time. There was no more malaria than usual, and the food was such as was usually dealt out to laborers, and the water was from overflowing artesian wells. There was no fruit of any kind on the canebrake plantations, the peach crop having been killed in the spring. The disease originated on the places where it spread, so far as could be ascertained. Sporadic cases have occurred in my practice every year since 1850, but without any connection, so far as observed, with the quantity of fruit consumed; indeed, in those years in which fruit was most abundant, there seemed to be less of the disease. Very damp and cool weather, especially when there were cool nights, the disease seemed most prevalent. Most of the cases occur in the spring and latter part of the summer, but it is not confined to any period, as cases in mid-winter are not uncommon. During the month of December, 1884, several cases of a severe character were treated, more particularly during the first few rainy days of that month. Finding it difficult to trace the cause of the

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disease, it is quite natural to look in the direction of every one who points in a new direction and cries "Eureka!" And thus I have found myself following in the wake of those who have found the cause in the "germ theory," but without one ray of light thus far.

MICROCOCCI IN DYSENTERY.

Two or three years since, Dr. Pryor, of Bonn, devoted special study to the micro-organisms of dysentery. By an arrangement with a patient, the dysenteric discharges were caught in disinfected vessels, and in five minutes were under the microscope, so that no bacteria could get in from the outside or be generated in the discharges. Pure dysenteric discharges, without any fecal matter, were alone used for the examination. Vast numbers of cocci, arranged in chains or in pairs and singly, were found. They were strikingly like the cocci of pneumonia, and of cerebro-spinal meningitis and erysipelas, but a little smaller and more delicate than those of pneumonia. They moved very actively. A few fine bacilli were also found. In the shreds of mucous membrane which were taken from the diseased intestine, and which were carefully washed and examined, and also in the juice expressed from sections of it, myriads of micrococci were found, but no rods. He also examined the stools of healthy men, and those suffering from typhoid fever, and tuberculosis diarrhœa, and from intestinal catarrh, and found in all micrococci and bacilli, but the former in small quantity, as compared with dysenteric discharges, but the latter much more numerous. He also examined diseased intestines from fresh specimens, and those preserved in alcohol and in Müller's fluid, and micrococci were found in the tissue juice, and in the tissue itself. The examination of the blood a number of times detected no abnormity. Dr. Pryor does not claim that these organisms are the cause of dysentery. He expects to produce dysentery, however, by some gelatine cultivation of them."

At a recent meeting of the medical society of Caucassus,

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Dr. Gandeline, of Tiffe's, exhibited micro-organisms found in the intestines and liver of patients dead of dysentery. Micrococci were found in great numbers in the digestive tube covering the surface and penetrating all of the tunics of the intestine. They were especially numerous within and about the veins of the submucous layer and in the muscular coat. In the liver they filled the capillaries and branches of the portal vein. He also found bacilli in the mucous and submucous layers of the large intestine, but not elsewhere.

Journal de Medicine de Paris, August 30th, 1884: "Epidemics of dysentery may be caused by atmospheric vicissitudes and extremes." "Scanty and damaged food may be a cause of the disease, and the impure air of camps and hospitals." "Ordinary malaria may be associated with dysentery, but it is not a cause." "They are often rife at different seasons and under different circumstances of locality." "There may be alternations of the two diseases in the same person." "A contagious origin has been attributed to dysentery, but a community of cause by which large numbers are attacked, as in intermittents and the epizootic and catarrhal attacks, is all there is in this." Derangement of the functions of the liver is the primary morbid condition in dysentery. There is congestion of the portal circle in nearly all cases as the first link in the chain of morbid action; and the mucous membrane of the bowels becomes secondarily affected by congestion, which gives rise to the phenomena which precede an attack. Given this condition and the disease may be set up by drastic medicines, indigestible vegetables and fruits, worms, and the thousand and one causes to which the disease has been attributed—anything indeed which will increase the irritation already existing. The functions of the liver are deranged by the actions of ordinary malaria, and this fact being recognized by many of our southern and western physicians, the dysentery resulting is known amongst them under the name of "malarial flux." But why pursue the

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wild hunt after the causes of this disease? The hot climates, the cold nights, and hot days, malaria, fruits, vegetables—every cause which has been enumerated by every writer on the subject, from the earliest ages to the present day, may exist, and yet there may be no dysentery. Is it, then, a specific disease which cannot be produced without the special dysenteric germ? The tendency of science is to find the causes of disease in germs and much has been accomplished, and many important discoveries have already been made, and this field is "whitening to the harvest."

SYMPTOMATOLOGY AND PATHOLOGY.

In discussing the symptoms of dysentery, no attempt will be made to differentiate those which characterize the epidemic and sporadic forms, except so far as severity is concerned. Two symptoms are pathognomonic of the disease, tenesmus and muco-sanguinolent dejections. The first pathological change is, perhaps, hyperæmia of the mucous membrane of the colon and rectum. A chill, followed by fever, marks the onset of all severe cases, and the febrile symptoms are generally in proportion to the extent and severity of the inflammatory action, and the malarious complication. When this latter element predominates, the attack is characterized by periodicity. In very mild attacks there may be little or no fever in the first stage, but if not arrested by appropriate remedies, and the inflammatory action is allowed to continue, fever will supervene in a short time. A mild diarrhœa is usually noticed as the first disorder of the normal functions of the bowels, and is ordinarily attended with more tormina and tenesmus than in simple diarrhœa. There is not infrequently a burning sensation in the lower portion of the intestinal tract. After a few diarrhœaic stools, the dejections become small and painful, and consist chiefly of mucus and blood; or, as in many cases, of mucus streaked with blood. It rarely happens in any case that the diarrhœa is sufficient to empty the bowels, and after it has continued from twelve to twenty-

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four hours is followed by the peculiar discharges of dysentery. The desire to go to stool now becomes more frequent and urgent, and there is scarcely any fecal matter in the evacuations, and pain of a burning character is constantly augmented, and there is scarcely any sense of relief, even after a prolonged stay on the stool. There is always a feeling as if the bowels would act, from a sense of fullness in the rectum, and the patient lingers and strains in the vain hope of relief until almost exhausted, but after the discharge of a small quantity—a tablespoonful or two—slight relief comes and he goes back to his bed to be aroused again with the same impending desire to evacuate the bowels. The frequency of these calls to stool indicates with considerable certainty the gravity of the attack; and when they occur every thirty to sixty minutes, the case is always a severe one. In the worst cases the patient reluctantly leaves the stool, sitting for hours and straining, if not prevented. The appetite fails, digestion and assimilation are suspended, and there is no rest, and, of course, there must be a rapid giving way of the vital forces. The tongue has a white thin fur which may become thick and yellowish in the progress of the disease, and, in bad cases, this often comes off suddenly and leaves it dry and red. Thirst is a constant attendant upon bad cases. In the progress of the disease the anus becomes excoriated and sometimes stands open and everything that passes gives rise to excruciating agony. In some cases the abdomen becomes retracted and the pulsations of the aorta become very strong and painful. Retraction of the abdomen is an unfavorable symptom—more so than tympanitis, which is a very common symptom in bad cases. Dysuria, a sort of strangury, is common in the disease and gives additional discomfort. The secretion of urine is often greatly reduced in quantity and of very dark color, due perhaps to the large quantity of serum which is discharged from the bowels, and to the diminished quantity of water taken. Tormina or griping pains in the bowels have been supposed to indicate the severity of the attack, but this is

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not always true. Neuralgia and flatulency will add to this symptom, or scybalæ or mucous concretions in passing over the inflamed surface may aggravate their distressing sensation. But it is to the importance of this symptom as a diagnostic sign that attention is directed. When the rectum alone is involved there is little or no tormina, but when the colon is involved, tormina is always a prominent symptom; and when the ascending and transverse more than the descending portion is involved, and when a large surface of mucous membrane is affected more than a small one, and especially when the muscular coat of the intestine becomes involved and spasmodic action results. Now, when distressing tormina exists the disease is above the sigmoid flexure of the colon, and involves a large amount of intestine. Tenesmus is a distressing, bearing down sensation, and is always a source of great discomfort to the patient. This symptom is also an important diagnostic sign. When it is a predominent symptom the rectum is chiefly involved. Now, when tormina and tenesmus are both intense the case is always a bad one, and should excite grave apprehensions as to the result. Of course it is a colo-rectitis, and if the five feet of large intestine is involved—all below the ilio-cœcal valve—it must give rise to very great danger. Abdominal tenderness follows the track of the inflammation, and may assist in determining its extent. When the disease is confined to the rectum and not very intense, it may not be appreciated. When the sigmoid flexure of the colon is involved, tenderness will be found in the left iliac fossa; when in the descending colon, in the left hypochondrium; when in the transverse colon, in the epigastrium; when in the ascending colon, in the right hypochondrium. When enteritis or peritonitis complicates dysentery, of course the tenderness resulting must be differentiated from that of the original disease. It may be very mild or extremely severe, as in acute general peritonitis.

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STAGES.

There are three well marked stages of dysentery, and the symptoms should be studied in connection with them.

1. In the first stage there is inflammation and swelling and infiltration of the submucous areola tissue, and a discharge of mucus, or mucus and blood, and occasional masses called scybalæ. This condition diminishes the lumen of the intestine, and this, with the contraction caused by the irritation of the muscular coat, produces a sensation as if the rectum was full of feces, and hence, the constant tenesmus, and the uncontrollable, but ineffectual, efforts at dejection. In this stage the disease may be arrested by timely and judicious treatment, and in some cases there is a gradual amelioration of symptoms without treatment; less pain, less frequency of dejections, with feces mixed with the discharges; diminished febrile excitement, with moist skin, less thirst, &c., and in a week or two the subject may be convalescent. But this is extremely rare, as the tendency to continue is more persistent in dysentery than in almost any other disease. The "vis medicatrix naturæ" must not be relied on for a cure here. After apparent recovery the bowels remain sore and tender for some time, and the least error in diet, or improper exposure, will produce a relapse.

2. In the second stage the inflammatory process extends to the whole mucous membrane, and ulceration now commences, and there is a change in the character of important symptoms. The tenesmus, which was constant in the first stage, now becomes more severe, but intermittent. The discharges become less adhesive and more liquid, consisting of shreds of mucous membrane, and mucus and blood, with, as a rule, an increased quantity of blood. The pulse increases in frequency, and loses tone, the tongue becomes brown, and the vital forces show marked depression. This stage supervenes from the seventh to the tenth day. The stools are constantly changing in character, and instead of consisting of mucus, and blood, and serum, now contain

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pus, sanies and vitiated matter, shreds of false membrane, &c., and give off a peculiar and intolerable fetor. As the ulceration increases the quantity of pus increases. (It is proper to state, however, that the suppuration of a mucous membrane does not necessarily imply distinct ulceration. The former often exists in this disease without the latter, and in some instances, resolution occurs without either.) The stage of suppuration and ulceration cannot be relieved at once, and requires most careful and well directed measures, and persevering efforts on the part of physicians and nurses. In very severe cases it may supervene earlier than as above stated.

THIRD STAGE.

3. In this stage there is deep ulceration of the membrane, with sometimes undermining passages in them, and discharges of blood and pus and necrotic shreds of cellular tissue, the discharges resembling the washings of "putrid flesh," *(lotura carnium)*, in some instances, and extremely offensive.

The absorption of these poisonous matters may produce symptoms of pyæmia or septicæmia, or heptic abscesses, which are known to occur in dysentery. The symptoms often degenerate into a low typhoid condition, with frequent and feeble pulse, dry and harsh skin, brown tongue, dark sordes on the teeth, cool extremities, &c., and this is known under the name of "typhoid dysentery." This must be discriminated from the adynamic form of the disease which occurs in prisons and in camps from over crowding, bad food, polluted water, &c., and which, from the onset, and in all stages is adynamic, from systemic poisoning, and assumes the "typhoid livery" from the beginning. In very bad cases even in sporadic dysentery, the disease runs its course so rapidly that the characteristics of all of these stages may be exhibited in a short time, or the three stages may exist at the same time in different portions of the intestine, and thus give rise to all of the phenomena at once. The

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discharges in some instances consist almost exclusively of pure blood, and the hemorrhage may be so considerable as to reduce the vital forces rapidly, and may prove fatal.

In the fall of 1855, Mr. S. came under my care with an attack of dysentery. He was a tall, slender, pale, anæmic looking person, about twenty-seven years of age, with active habits and with no constitutional dyscrasia except as just stated. The disease had commenced about three days before, and he had received the usual domestic remedies—"salts and laudanum." The patient was now living in a malarious region, and had been for two or three years, and there was evidently malarious complication in the case, though he had not previously complained of any kind of sickness. The tormina and tenesmus had been quite severe, and he had had frequent discharges of mucus and blood, but now there was much less pain and distress, attributed by the attendants, (his wife and sister, two intelligent ladies), to the good effects of the "salts and laudanum." Upon examining the discharges, which were now much less frequent than they had been, they were found to consist of pure blood, about from two to four tablespoonfuls at each dejection. On the third day of my attendance, and after what appeared to be a favorable change in the case, (at least so far as the frequency of the calls to stool were concerned), he suddenly called for the bed pan, which was quickly placed, and he passed a roll of coagulated blood at least twelve inches in length, and more than one inch in diameter, and it remained firm and as shaped by the bowels, like indurated feces. In a few hours this was repeated, and it continued for two days, when the patient died from loss of blood. The quantity discharged was enormous, amounting certainly to several pounds. A careful examination of the discharges showed no fecal matter. Treatment had no effect. No similar case has ever occurred in my experience. Hemorrhagic discharges in dysentery are not uncommon, and are to be differentiated from those which occur in hemorrhoids, and in protitis, which is not generally difficult.

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Prolapsus ani is often a very painful and annoying symptom, especially if the patient is allowed to sit upon the stool and strain violently. In some cases the anus stands open, and no enema nor anything can be retained, and the dysenteric discharges pass involuntarily.

The last picture to be drawn here is the array of symptoms which indicate the tendency to death. Rapid and feeble pulse, red and dry tongue, parched prolabia, hippocratic face, dark sordes on the teeth and gums, retracted abdomen, yellow skin, cadaveric odor emanating from the body, horribly fetid involuntary discharges, cool extremities, delirium, (rarely) and finally collapse and death.

In children, worms (lumbrici) in the alimentary canal often give rise to serious symptoms. It is difficult to discharge them, owing to the constricted intestinal tract. They cause frequent and painful efforts at stool and sometimes convulsions. When their presence is suspected in any case, appropriate means for their removal should be employed early in the attack. The number of discharges in twenty-four hours varies greatly in different cases, even without the intervention of treatment. Very frequent dejections indicate a severe case, and the more frequent the greater the danger, as a rule. When the desire to go to stool is so urgent that it can not be resisted, and averages every fifteen or twenty minutes, the inflammatory process increases rapidly and the patient becomes exhausted in a short time. They are not so frequent when the disease begins above the rectum, but becomes more so as it involves the portion near the outlet. The average quantity discharged at each dejection is not more than one or two tablespoonfuls, and less in proportion to the frequency. Many terms have been employed to describe the discharges in dysentery—as mucus, muco-sanguinolent, sero-sanguinolent, sanguineous, muco-pus, blood and pus, shreddy and exuviæ, frog-eggs, membranous, gangrenous, lotura carnium, etc. The febrile symptoms are not in proportion to the gravity of the other symptoms, except in malarious complications, and, as a rule, a high tempera-

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ture may be considered an indication of the presence of this element. Dysentery is a common complication in diphtheria.

DIAGNOSIS.

There are two diseases which may be mistaken for dysentery. 1. Proctitis, in which there may be tenesmus and a considerable discharge of blood and mucus, but an attentive examination will reveal the nature of the inflammatory process in the rectum and clear up the diagnosis. When *periproctitis* occurs, which is rather rare, the symptoms are so violent and the pain so diffused in the pelvis, that no very great difficulty will be experienced in making out the case. In these conditions an examination conducted with care will relieve all doubt. The discharges are somewhat different from those of dysentery; the blood and mucus are not so intimately mixed. 2. In hemorrhoidal tumors the blood is pure and may come before or after stool. Another condition, which may give rise to much straining at stool and a discharge of blood and mucus, is intussusception, or other obstruction of the bowels. If there is any doubt when the symptoms first appear, the progress of the case will soon dissipate it, as other symptoms of occlusion will soon come on and the diagnosis will thus be made clear.

PROGNOSIS.

In mild cases this must be regarded as favorable, but it is better, in all attacks, to give a guarded prognosis at the outset, as some apparently simple cases may become complicated and give rise to unexpected gravity of symptoms. The mortality in sporadic dysentery should not exceed two or three per cent. In epidemics in our State, it should not exceed seven or ten per cent.

If the disease is carefully treated from the incipiency there will be a strong tendency to recover, and when it is protracted, and when emaciation and exhaustion become very great, still, the tendency to succumb is less than in

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other diseases with similar conditions. We should not despair of recovery as long as there is cardiac force to propel the blood to the extremities. The blood may become impoverished, and the patient may become almost a skeleton, the dejections gangrenous; sloughing of mucous membrane may take place; all of the assimilative functions may be disordered, the tongue dark, or black, and cracked and dry, the face hippocratic; every symptom may be unfavorable, except cardiac failure, and still there is a possibility of recovery. Add a little nourishment and a little stimuli, and give nature a fair chance, and recovery may possibly take place, especially in those of good constitution. The average duration of the disease is from ten to thirty days. The termination in death may, in cases of congestive intermittent associated with it, occur in two or three days. When dysentery was first encountered in infants and children it was regarded as the most formidable and fatal malady in the whole catalogue, but subsequent experience makes a more hopeful prognosis. When it comes as an intercurrent trouble in typhoid fever, in diphtheria, in measles, &c., it is sometimes critical, and it is now regarded with much less fear than formerly. In the last months of pregnancy it is often quite intractable, owing to the pressure of the gravid uterus upon the viscera of the pelvis. Abortion or premature labor may be the result. The general prognosis may be set down as favorable under proper hygienic surroundings and appropriate treatment. The symptoms which indicate an unfavorable course, and are of unpropitious augury, may be briefly stated as follows: 1. Persistence of the disease after the ninth day without any favorable change, which indicates in a large majority of cases that the disease is passing into the second stage. 2. A small and feeble pulse, 120 or more beats per minute. 3. Abdomen tympanitic and tense, or retracted, and preternaturally hot. This last symptom is especially unfavorable in cases of children. 4. Great frequency in the calls to stool, particularly at night. 5. Emaciation, with hippo-

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cratic face. 6. Stupor, delirium, carphologia, subsultus tendenum. 7. Discolored skin, clammy or cold, with cadaverous odor. 8. Tongue dry, red or dark and heavily coated, with dark sordes on the teeth and prolabia. 9. Relaxation or paralysis of the sphincter ani and involuntary discharges of horribly fetid matters, like flesh-washings, nausea and vomiting, especially if the transverse colon is involved. 10. Strangury or suppression of urine, with vessical tenesmus. 11. A low form of fever. Symptoms which indicate a favorable issue, are: 1. Less frequent and more copious stools, with fecal matter or healthy bile, tormina and tenesmus abate, fever subsides, tongue cleans, pulse becomes natural, thirst subsides, appetite returns, &c.

TREATMENT.

Before prescribing for any case of dysentery, it is of the greatest importance to inquire into the condition of the patient, and ascertain, if possible, the cause which has produced it. A patient has frequent discharges of blood and mucus, with tormina, tenesmus and fever; the exciting cause is sought for in improper food, unripe fruits, improperly prepared vegetables or other crudities, long retained inspissated feces, exposure to damp, cold air, sudden alternations of temperature, inadequate protection of clothing, malarious poison, derangement of the hepatic functions, vitiated and acrid secrections, or in epidemic influence, whatever this may be. If the prescription is made without any such investigation, and simply with a view of checking the inordinate action of the lower portion of the bowels with some preparation of opium, as is usually done by the laity, it would be better and safer for the patient to relegate the case to the "*vis medicatrix naturæ.*" Some cases may be adapted to this treatment, but there is certainly no science in it. Early in my professional life it was my misfortune to have read and studied the works of Brousais, whose doctrines almost insensibly influenced every prescription which I made. He made a "*tabula vasa*" of all

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systems of medicine prior to his time, and placed the whole science on a "new basis" (Trousseau). Inflammation was the dominant factor in every disease; gastro-enteritis was in nearly all cases. The treatment was easy, of course, simply antiphlogistic. It required no investigation to know what to do in all cases. It was not long before sad experience changed my views, and about this time Dr. John Hughes Bennett's Clinical Medicine found its way into my library, and a careful study of the work erased the extravagant assumptions of Broussais, and led me to a more rational and successful treatment. Here I learned to investigate the causes of disease, and to treat them accordingly, and not by the *ipse dixit* of any theorist.

EVACUANT TREATMENT.

In 1823, Bretaneau, seeing the disastrous results of the treatment of dysentery upon the theory of Broussais, introduced the evacuant method of treatment, and it proved so successful that it was soon adopted by Trousseau, and by all of the leading physicians of the French school, and it was not long before it was adopted in nearly every part of the civilized world. This evacuant method is the only philosophical treatment which has ever been employed in the disease, and consisted at first in the use of ordinary purgative medicines, but was soon replaced by what is known as the saline treatment—a milder class of evacuants, as sulphate of magnesia and sulphate of soda, and soda and potassa tartratis. This was an improvement upon the harsher and more violent purgatives used by Bretaneau. The saline treatment still holds the first place in this treatment amongst a considerable number of physicians, and is the remedy of the laity, combined with "laudanum." But it has been replaced to a considerable extent by what is called the "ipecac treatment." This was employed for many years in South America, under the name of the radix anti-dysenterica, before its beneficial effects became

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sufficiently known to be used in other countries. The dose was two drachms infused over night in four ounces of hot water, and given early in the morning, or one-half to one drachm of the powder was given in syrup, and repeated in six hours.

It is stated that the mortality under mercurial treatment was 7.1 per cent., and under the ipecac treatment it was only 1.3 per cent. It is further stated that from 1812 to 1853–4 the mortality in European troops in the Bengal Presidency from dysentery was 82.2 per thousand, but under ipecac treatment, in large doses, it was reduced in 1860 to 28.87 per thousand. In this country, as early as 1867 and 1868, it was largely given and recommended in the northern portion of the United States. The doses administered were twenty-five to thirty grains, with as small a quantity of water as possible, to prevent vomiting. My own experience with this drug, and many others, will be discussed later on, after the treatment which I have found most reliable and successful has been fully discussed.

TREATMENT RECOMMENDED.

In all cases in which there is febrile excitement, the patient should be put to bed and kept quiet, and every source of disturbance and irritation removed. If the stomach is full of food, or of anything, an emetic should be given. An infusion of ipecac will answer the purpose very well. An infusion is always to be preferred to the powder given in substance, as it causes much less nausea and general distress (four drachms to one pint hot water, infuse under cover until cool enough to drink, and give four to six ounces every fifteen minutes, with copious draughts of tepid water to assist the emesis, if necessary). Tepid water, with one drachm bicarbonate of soda to the pint, if given freely, will often act as a prompt emetic, and the soda will have a good effect on the disease. After the stomach has been thoroughly evacuated, if this is deemed important, or if it is not, the following prescription is given:

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Recipe—Calomel and camphorated Dover's powders, each ten grains. Mix, and make into ten powders. Dose: One powder every three hours until they act freely two or three times.

If they do not act properly, the following prescription is given until the alimentary tract is gently and thoroughly cleansed:

Recipe—Pulverized rhubarb, bicarbonate of potassa, mint, cinnamon and cloves, each, two scruples; warm water, half pint, white sugar (two to four drachms), sufficient quantity. Infuse under close cover until cold, and if there is not much fever, add best French brandy, half ounce to one ounce. Dose—1 tablespoonful every two hours until the desired effect is produced. The brandy must be omitted if there is high fever. It is proper to remark here, that this medicine is given in every case, whether mild or severe, and generally during the whole course of the disease, until convalescence is established. The quantity usually administered is two or three doses in twenty-four hours, or just enough to produce one discharge through the bowels. There are idiosyncracies which do not bear rhubarb well on account of the griping which it produces, but such cases are extremely rare. It is rarely necessary to repeat the first prescription, but if the tongue continues loaded and the liver torpid, one or two doses may be given occasionally until these symptoms are removed. If the disease has commenced with an active diarrhœa, and the contents of the stomach and bowels have been discharged, the emetic may be omitted and the calomel reduced to one grain in the dose, so as to insure, if possible, its effects upon the hepatic secretion. Regarding the functions of the liver as primarily deranged in all cases, this medicine, or some other, as podophyline, is indispensable in the treatment. The latter article, drastic and irritating as it is generally considered, is nevertheless a most valuable and reliable remedy in dysentery, and may be given, as follows:

Recipe—Podophylin (Merrell's) four grains; white sugar,

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one drachm; mix, and divide into eight powders. Give one powder every third hour until they produce copious dejection. The action of this medicine sometimes causes unpleasant griping and occasionally nausea and distress, but these effects are not common, and need create no alarm when they do come, and will soon pass off. When this medicine operates freely it not only acts well on the liver, producing copious discharges of bile, but it exerts a healthful influence on the skin; and it often happens that when the catharsis is over there is a cessation of the tormina and tenesmus and dysenteric discharges. I have given this medicine in hundreds of cases, and in no case have had cause to regret it. It is an exceedingly valuable remedial agent in dysentery and in many other diseases. The dose in this prescription is too large for a case in which active diarrhœa has preceeded the dysentery, and also for delicate persons—especially females. It may be reduced to one-fourth or one-eighth grain, and it produces a most beneficial effect in many cases in doses of one-tenth or one-twentieth of a grain, repeated until it operates well. The action is slow in almost any dose—say about eight hours as a rule. It will be seen that the evacuant treatment is advocated. Any unirritating medicine which will open the bowels and keep them in a soluble condition, as castor oil, epsom salts, sulphate of soda, Rochelle salts, senna, rhubarb, jalap, &c., will accomplish more cures in epidemic, or any other kind of dysentery, than all of the opium in Turkey! It must not be inferred that the above prescriptions and medicines are to be used instead of the first two prescriptions recommended, but a statement of what may be considered extreme views in favor of the evacuant method. Nor must the conclusion be drawn that opium is not a most useful and beneficent agent in the treatment. After the action of the cholagogue and the thorough evacuation of the bowels and the removal of the poison, as far as possible, from the alimentary tract, an attempt should be made to arrest the dysenteric discharges. For this purpose the following pre-

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scription is most confidently recommended as being more generally useful than anything or any combination of medicines ever employed by the author of this paper:

Receipe—Pulverized nutmeg and gum opium, each, one ounce; gum kino, and gum camphor, each, four drachms; cochineal, essence of peppermint and oil of anise, each, one drachm; alchohol, one pint—mix.

This must be allowed to digest for two weeks, with thorough shaking up once a day. This is used under the name of camphorated tincture of nutmegs. The dose for an adult is from thirty to forty drops. These are the largest doses which are ever necessary except in an opium habituè. This dose may be repeated as necessary, but one dose will often suspend all movements of the bowels for ten or twelve hours, and when given at bed time, will frequently give the patient a night of sweet, uninterrupted repose, and if the evacuant treatment has been properly practiced, it often puts a period to the disease. Smaller doses will often suffice to produce all of the good effects of the medicine, as from fifteen to thirty drops, and especially in very delicate females. But during this state of relief, all malarious poison should be carefully eliminated by the use of liberal doses of quinine—five grains every two hours to three or four doses, and it should be repeated for two or three days until all periodic fever is arrested. In some cases larger doses may be required, as ten grains every two hours. Quinine is an important remedy so far as it tends to check the periodic febrile excitement, and when this is accomplished it should be suspended, as it irritates the bowels and increases the tormina and tenesmus, and the dysenteric discharges. If the dose of camphorated tincture of nutmegs does not procure rest, an enema of starch water, three or four tablespoonfuls, with forty to sixty drops of laudanum, may be used.

At the risk of repeating *ad nauseam*, let me say that during all the treatment a sufficient quantity of the rhubarb cordial should be given to procure at least one discharge

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through the bowels once in twenty-four hours, and after this action, if there is any return of the dysenteric discharges, the compound tincture of nutmegs should be given. If the rhubarb cordial in moderate doses is not sufficient to move the bowels once in twenty-four hours, one grain of calomel, or one-quarter grain of podophyllin, may be given once in six or eight hours to assist the action, and this will be more decidedly indicated if the tongue is much furred, or if the liver is torpid. The camphorated Dover's powders recommended in the first prescription, is prepared as follows:

Recipe - Pulverized gum camphor, two drachms; pulverized ipecac, one drachm; pulverized opium, half drachm; bitartrate of potassa, one ounce. Mix.

The articles should be mixed thoroughly. Add to the gum camphor in a mortar a few drops of alcohol and pulverize it, then add the ipecac, then the opium, and after mixing well, add the cream of tartar. This powder is superior to ordinary Dover's powders for all of the purposes for which that powder is used. As a soothing remedy in dysentery, it is one of the best. It allays intestinal irritation, acts as a diaphoretic and promotes sleep. A dose given at bed time (five to fifteen grains), will almost certainly insure a good night. This form of Dover's powder is superior to any other in all cases of diarrhœa, as well as dysentery—especially in these diseases in children. If there is febrile excitement, or if the skin is too dry, the surface must be bathed with tepid water, with common lye or soda to make it slightly alkaline, and this may be repeated two or three times a day. It is not desirable to have too much perspiration in this disease, but a uniform moisture is important, and should always be promoted if possible. When the pain in the bowels is very severe, and particularly if located in a certain part, a warm anodyne liniment will be beneficial.

Recipe—Chloroform, one ounce; tincture of opium, one and a half ounces; tincture of arnica, one ounce; oil of

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sassafras, four drachms; soap liniment, two ounces. Mix. This may be applied freely three or four times a day, and the surface covered with oil silk. If very violent, the pain may be mitigated by a hot hop fomentation. This is all the counter-irritation usually employed over the bowels; but if the extremities are habitually too cool they are immersed in warm lye water, and kept reddened with sinapisms. No patient ever does well in dysentery with the extremities cool; nor, indeed, in any other disease. The thirst is often very urgent, and it is the custom of some physicians to withhold water almost entirely, and if given at all, it is made lukewarm. This may be well, but is not in accordance with my views. The patient must be allowed to drink frequently if thirsty, and even ice and ice water will not do harm. When the stomach is irritable, pounded ice is very grateful, and may be taken freely. The use of ice in dysentery, I learned from an article on the subject from J. P. Mettauer, M. D., of Virginia, published in the Stethoscope in 1854. I have always used it when it could be obtained, and have not seen any deleterious effects from it.

ENEMATA.

In regard to local treatment little has been said. Before the ulcerative stage, good may be accomplished by the judicious use of mild soothing enemata. Take fresh sweet milk and tepid water, of each half a pint, and add one teaspoonful of bicarbonate of soda. Introduce this very gently. When there is excessive tormina and tenesmus, and especially to assist the action of medicine. If quickly returned repeat after a time, with forty to sixty drops of laudanum added. These prove beneficial in the first few days when repeated once or twice in twenty-four hours, especally if they can be retained for even thirty or sixty minutes. But in the later stages no large enema should ever be administered, and even in small quantities the pain and distress are often aggravated by their use. If bene leaves can be obtained or fresh slippery elm bark, a mucilage made from

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either may be substituted for the milk and water, but I cannot say the mucilagenous enema has any special advantage. Hot water enemata, now so popular with some, more from their supposed efficacy in arresting hemorrhage from the genital tract and wholly on theoretical grounds, are very rarely beneficial, and when often repeated are positively injurious. The use of nitrate of silver by enema, so much lauded by many, is the most disappointing and objectionable of all remedies which I have used in this way. Several recent works on the practice of medicine recommend one scruple to one drachm of silver nitrate to the ounce of water, to be passed through a tube which will not be affected by the silver salt and discharged above the sigmoid flexure of the colon, say in doses of eight ounces. Bartholow recommends this, and says it should be injected after the use of morphia hypodermically, and if any reason to apprehend mischief, that a solution of common salt be injected immediately after the silver. The only case in which I have known this treatment tried was one in which the patient was having very frequent dejections, and the physician declared he would stop them "at all hazards," and he administered this enema, and there was no further movement of the bowels nor of anything! A funeral was next in order!

I have tried the enemata of nitrate of silver in all strengths, from one grain to thirty grains to the ounce of water, but never more than one ounce of the solution at a time, and in every dose, and in all cases, it has caused increased frequency of dejections and more tenesmus, and more general discomfort, and if ever I accomplished any good with the remedy I could not see it. Injections of plumbi acetas, ten grains to the ounce of water, with or without tincture of opium, have been tried and with no encouraging success, except so far as the tincture of opium is concerned. The lead does no good as a curative agent, and sometimes makes the case worse. In addition to the enemata recommended herein, I will mention the fresh melted butter enema as apparently beneficial, and also an enema of lime

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water and milk—two ounces of lime water to fourteen ounces of milk. The use of fluid extract of ergot (Squibbs) in doses of one or two drachms to the ounce of water will sometimes prove beneficial. I have tried all the vegetable astringents, and nearly all of the mineral astringents by enema, and mention the fact to condemn my own practice. If any good was ever accomplished by this treatment it was by the use of a weak solution of sulphate of zinc, five to ten grains to the ounce of water, in excessive hemorrhagic discharges. There is a condition of the rectum which often occurs, in which the introduction of the smallest quantity, of even the blandest and most unirritating article, can not be tolerated. Add to this extremely tender condition of the parts the infliction of a rude and unskilful manipulation of the syringe, and you have the *summum mali*. The use of suppositories of opium and other substances in cases in which enemata are not well borne, to procure rest, is popular with many, but little good has ever been accomplished by them by this reporter.

BLISTERING.

This is not often practiced in the first stage, but in some very severe cases in which there is extreme tenderness of the abdomen, with rapid tendency to the second stage, good may be expected to result from their employment. A warm hip-bath once a day will do good when the febrile and other symptoms are acute, if there is not too much prostration. The diet should consist of fluids chiefly, until the inflammation subsides. Milk, fresh and sweet, is to be preferred to all other articles. Soup of beef or chicken or mutton, or of birds, &c., may be used. But all articles which form a quantity of fæces should be shunned. Alcoholic stimulants are to be carefully avoided, except in the later stages of the disease, in cases of extreme debility, and when administered their effects should be watched, and if the symptoms are aggravated by them they should be suspended. Thin gruel or barley water may be taken freely as nourishment. In the

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convalescence the diet must be carefully regulated, for relapses from imprudence in diet is the rule, and the exception is, to see a patient who has had the disease severely, pass through the changes of regimen and recover without accident. If the treatment herein directed is faithfully carried out the disease will in most cases be arrested in the first stage, but in bad cases, and in epidemics, this may not be the case. The treatment of the second stage, which has been found most successful, is as follows: As it is now impossible to arrest the disease by any *coup de main*, the means to be employed should be with a view of gradually overcoming the diseased action. The rhubarb tea should be given in such quantity as will insure one evacuation through the bowels every twenty-four hours, and just after such evacuation a full dose of compound tincture of nutmegs must be given if there is much tormina and tenesmus, and this may be followed by an enema of starch and laudanum in three or four hours, if the first dose is not sufficient, provided always that the rectum is not in that peculiarly irritable condition which has been described heretofore. In this stage, turpentine and creosote may be administered with decided benefit. The following prescription is given: Pulverized gum arabic, four drachms; syrup tolu, four drachms; glycerine, six drachms; oil of turpentine, one drachm; creosote, thirty minims; mint water, six ounces; mix. Dose: one teaspoonful every two hours for the first day, then every four hours. The creosote is a very important addition when there is nausea or vomiting. If for any reason the turpentine is contra-indicated the creosote may be given in the mixture, minus the turpentine. An irritant should be applied over the bowels, as a large mustard plaster, and when so red and tender that it can not be continued, the liniment may be used freely. It is now very important to give the patient as much rest at night as possible, and for this purpose from five to ten grains of camphorated Dover's powder may be given at bed time. This is one of the most soothing remedies that can be given, and

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always acts most happily if the stomach is firm. If the liver is still torpid, one or two grains of calomel may be added to the dose.

In all bad cases, one of the most important measures to be adopted is to maintain as perfect quiet of the inflamed bowels as possible. The patient should be kept as perfectly free from excitement and annoyances of all kinds as the circumstances will admit. No visitors should be admitted to his room, and disturbing elements of all kinds should be carefully excluded. The nurse should be cheerful and hopeful, and encourage those feelings. The patient should be counseled to resist the disposition to go to stool by explaining to him the causes which lead to the desire, and by assuring him that the feeling will soon pass off, if not yielded to, and that the quantity of matter is only a few teaspoonfuls, and that the inflammation is increased, and that the disease is greatly aggravated by the spasmodic action thus induced. The application of a soft cloth, wrung out of hot water, and kept constantly applied to the anus, will soothe the pain and distress considerably. In some cases cold water is preferred, and there is no objection to it. The patient should lie with the hips elevated in bad cases, with great tenesmus. But, unfortunately, it is not possible to secure perfect quiet with any medicines or means now known to the profession. The use of opium and its preparations, recommended by very many authors, is to be deprecated when carried to the point of stupefaction and heat, which render the case almost if not quite helpless. Impressed with the temporary quiet which succeeds a large opiate enema, or the subcutaneous dose of morphia and the clamorous demands of a suffering patient, we are easily beguiled into a frequent repetition of such doses, until finally no amount of the drug will give even temporary immunity from the horrible tormina and tenesmus. The treatment of the third stage is the same as that of the second, except that in addition to what has been advised, the administration of tonics and stimulants will be in order as the patient

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becomes more and more enfeebled in the progress of the disease. When the tongue becomes dark or brown, the mineral acids may be administered, with a prospect of benfit, but never when the coat on the tongue is white. This latter condition indicates in all cases the use of alkalies, but it very seldom continues more than for the first few days. When the discharges have an offensive odor, creosote, by enema, will do good, provided the rectum will retain anything. The dose is ten drops in ten ounces of mucilage or sweet milk, with from forty to sixty drops of tincture of opium, and may be repeated once in twenty-four hours. When the disease extends above the ilio-cœcal valve, and becomes dysenteric diarrhœa, the treatment will be changed to suit this condition. Subnitrate of bismuth, as in the following prescription, may be used:

Recipe—Pulverized gum arabic, two drachms; subnitrate of bismuth, two drachms; creosote, twenty minims; mint water, six ounces. Mix. Dose: Shake up and give one tablespoonful every four hours.

Tannin is also indicated when the inflammatory action is nearly or quite over, and the discharges are kept up from general relaxation and debility:

Recipe—Tannin and camphorated Dover's powders, each one drachm. Mix, and divide into twelve powders. Dose: One powder night and morning, or more frequently if necessary.

Many other astringents may be used, for in this stage of the disease they are well borne, and generally do good; but in the first stage of dysentery, the attempt to check the discharges with astringents does great harm.

DYSENTERY IN CHILDREN.

Infants under one year of age are not often attacked with this disease. This statement agrees with what nearly all writers on the subject have observed. I have seen the disease many times, however, and it can not be denied that it does occasionally occur in very young infants, especially in

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epidemics. Entero-colitis is a very common disease of infants and young children, and is sometimes called dysentery, but this last disease is characterized by frequent and painful diarrhœaic discharges, streaked with blood, which are totally different from the muco-sanguineous discharges of colitis. Children from one to two years of age are less liable to attacks of sporadic dysentery than adults, but older children are as liable to it as adults. The treatment of the disease does not differ from that of adults except in the size of the doses. The dose of calomel is from one-fourth to one-half a grain, with from one-half to two grains of camphorated Dover's powders every third hour until the bowels are well cleansed. If the powders do not act promptly, the rhubarb cordial is given in one-half to one teaspoonful doses between the powders until the desired effect is produced. After the action is over, compound tincture of nutmegs (five to ten or fifteen drops, according to age) is given, and one-tenth of a grain of calomel, with from one to two grains of camphorated Dover's powders three times a day. When the disease assumes the form of dysenteric diarrhœa, which is much more common than in adults, after the subsidence of the more acute symptoms, one-fourth to one-half a grain of tannin may be added to the powder last recommended, provided the discharges are difficult to control. Enemata of starch and laudanum may also be employed, and after thorough trial of those measures, and after the abatement or subsidence of febrile excitement and acute symptoms, the following prescription will be found highly efficacious:

Recipe—White sugar, four drachms; glycerine, two drachms; creosote, six minims; cinnamon water, two and one-half ounces. Shake up well, and give one teaspoonful as often as necessary.

A symptom which always indicates danger is preternatural heat of the abdomen. When present no astringents should be used, and the bowels should not be too closely checked. A light soft poultice is indicated, and the appli-

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cation of a soothing liniment, as camphor soap liniment with tincture of opium. A uniform temperature in a well ventilated room, with a careful regulation of the diet, are very important measures. Demulcent drinks, and the mother's milk, or that obtained from cows, will be all that is generally necessary in the acute stage. A child with dysentery should be most carefully nursed. The discharges should be instantly removed and the anus bathed with tepid water and a cloth wet and applied. It should be kept perfectly still, and when lying the hips should be elevated. This is a measure of importance in the treatment of all cases of dysentery. For worms add santonine, one-half to one grain to each powder.

TREATMENT OF CHRONIC DYSENTERY.

The limits assigned to this paper will preclude a full discussion of this subject. The proper regulation of the diet, and proper hygienic management in regard to clothing and exercise, &c., will constitute no inconsiderable part of the duty of the physician. A course of tonics should be prescribed, and if the patient is anæmic, chalybeates may be added. If the liver is torpid, one-tenth to one-fifth grain podophyllin given occasionally will do good. Special attention must be paid to the skin. The alcoholic vapor bath is a most valuable remedy when the surface is hard and dry. I have accomplished more cures with this measure and the topical treatment just now to be described than by all other means, and I strongly recommend them.

The Topical Treatment.—When there is still blood in the discharges I apply pulverized sulphate of zinc to the rectum by means of a speculum, and after this, if not cured, nitric acid is continuously applied by the same means. These remedies will rarely disappoint when carefully used, and will not cause much distress. The quantity used should be small and applied slowly.

Before closing the discussion of treatment of dysentery, it may not be inappropriate to notice some of the methods

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of treatment which have from time to time been adopted by eminent practitioners.

1. Sedative action of calomel in epidemic dysentery, by Frederic D. Lente, of Cold Spring, New York. The first experience of Dr. Lente was published in the New York Journal of Medicine in 1856, and repeated January 12th, 1870. He says "large doses of opium (three or four grains) and large anodyne enemata, one to two drachms tincture of opium, failed to give any relief to the distressing tormina and tenesmus. The efficacy of scruple doses of calomel, so highly recommended by Johnson, Armesly and others, and recently endorsed by Prof. Samuel Henry Dickson, of Charleston, S. C., was then tried and with signal success. Its action was usually this: It was generally administered in the early stage of the disease (only in the severe cases), "very often as the first prescription," (most of the patients having tried other remedies before I was called). The patient would be suffering the most intense cutting pains across the abdomen, often accompanied by considerable tenderness on pressure, distressing tenesmus and passing blood or bloody mucus every ten or fifteen minutes, and earnestly desiring some immediate relief. One scruple of calomel was then given; within an hour, generally, (sometimes in half an hour, once in fifteen minutes,) relief, sometimes complete, would be obtained. For five or six hours after, frequently eight to ten hours, there would be no discharge from the bowels and very little uneasiness of any kind. In a few cases the bowels were constipated for twelve hours or more, requiring a dose of castor oil to move them. Generally, after two or three hours relief, the patient would have two or three loose bilious evacuations, brownish or greenish, sometimes attended by some pain and griping, sometimes not. In not a few cases the distressing symptoms did not recur at all, and convalescence commenced. In a majority of cases, however, in from twenty-four to thirty-six hours after the operation of the calomel, the dysenteric symptoms returned, though in a decidedly mitigated

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form, there seldom being any severe pain or griping (when a second dose of calomel was given), but generally the case was completed by a drachm or two of oil or a few small doses of opium or Dover's powder. In but very few of the cases did the mercury produce any ptyalism, or any decided affection of the gums, and in no case did it produce any severe mercurialization. The dose was given in forty-seven cases and seldom repeated, showing a marked difference in obstinacy in epidemic dysentery here, and that which prevails in India.

Since the publication of this paper on dysentery, I have discovered, from a larger acquaintance with the use of calomel in full doses, that half drachm doses are for adults, safer (that is less apt to irritate, and not more apt to salivate,) than scruple doses. In fact, it is well always to bear in mind when using the "calomel treatment," that there is more danger in giving too little than too much, or (to speak definitely) in giving less than twenty grains than a little over thirty. I have never thought it justifiable to attempt to ascertain to what extent the dose may be increased without doing injury, since a larger dose than half a drachm I have not yet found necessary. But writers of high repute have exhibited forty, fifty, and even sixty grains with the best effects in desperate cases. I have given Dr. Lente's experience with calomel in dysentery in his own language, which is a little obscure in places, but it is clear enough that he is a strong advocate for calomel in sadative (?) doses in the disease. There is no reason for the assumption that calomel is a sedative in large doses, and hence may be given in dysentery, cholera, fevers and membranous croup. According to these enthusiasts, there is no such thing as a poisonous dose of calomel. The fact that it is insoluble, and that very little is absorbed and taken into the blood to exert its effects on the system, and that when large doses are given, most of it passes out through the bowels, is the reason, perhaps, that poisonous effects are not more frequently produced. One grain divided into twenty-four

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doses and given every two hours has been known to produce salivation. But I would infinitely prefer the so-called sedative doses of calomel, one scruple to half drachm, to the opium treatment. I regard opium as of a higher value in dysentery than as a mere palliative, and I believe it is the duty of all physicians "to relieve pain and suffering when in our power to do it," without compromising the prospects of ultimate recovery of our patients.

The opium treatment in dysentery has occupied a prominent place in professional esteem, and by some, and not an inconsiderable number, is regarded as the "*summum remedium*" in the disease. The abuse of this remedy has been greater than any other, and where it has been relied on as the chief remedy, it has caused more mortality than the disease for which it is given. When given in sufficient doses to arrest the peristalsis, it locks the poisonous matters in the bowels and checks all natural secretions and produces torpidity of the liver, and sometimes violent congestion, from which it is impossible, in many cases, to relieve the patient. The palliative influence of this remedy is not denied, and its importance as a remedy is freely admitted, but when the day comes when it is relied on as the curative, the sheet-anchor, in the treatment of this disease, there will be a large increase in the death rate. Since the introduction of the hypodermic syringe, and the greatly increased facility of thus introducing morphia, it has become a very popular method of administration, and not, I fear, for the good of our patients laboring under dysentery. A patient left to the care of an old woman with salts or castor oil, will stand a better chance for recovery than under this kind of science (?) The most extreme and absurd recommendation of the opium treatment in dysentery, comes from one of New York's greatest teachers—Professor Austin Flint, Sr. In speaking of the treatment of epidemic dysentery, he says: "Purgatives of the saline class may be as appropriate in epidemic as in sporadic dysentery, but they should

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be given cautiously or omitted if sero-sanguinolent dejections occur, or the symptoms denote much tendency to adynamia. It is immensely desirable to arrest or moderate the dejections just named, for these, doubtless, conduce to the condition of collapse into which patients are apt to fall. For this purpose opium is to be given in as large doses as are required, or as are well borne, in conjunction with astringent remedies, such as gallic acid, acetate of lead, persulphate or perminate of iron, rhatania, etc. I believe the main reliance should be placed upon opium in some form, and these other remedies should be considered as auxiliary. The latter, therefore, are not to be employed as substitutes for opium, excepting in cases in which, from constitutional peculiarities, this remedy in any form produces such distressing effects as preclude its use. It should not be decided that opium can not be tolerated on the assertion of the patient, but only after a fair trial. In this disease, as in some others, there is a wonderful tolerance of opium—a tolerance not to be explained by the antagonizing influence of pain, since it is manifested in cases in which pain is not a prominent symptom. Christison, in stating this fact, adds that he has known twenty-four to thirty grains of opium to be taken in the course of twenty-four hours. I have given two grains hourly in the case of a female affected with dysentery, characterized by abundant sero-sanguinolent dejections for the space of a week, and without at any time symptoms denoting narcotism. I have met with a case exemplifying a still greater tolerance of this remedy. In this case, a male patient, not habituated to the use of opium before his illness, the quantity of sulphate of morphia given hourly was gradually increased one grain, making twenty-four grains in twenty-four hours, and this quantity was given for several consecutive days without any narcotism. Opium is not to be given, as a matter of course, in doses approaching those, but it is to be given with a view to the desired end, viz: the arrest of the sero-sanguinolent dejections, and if this effect be not attained, the doses are

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to be increased to the amount which will be borne without narcotism, be the amount ever so large." But those who desire to see the remainder of what is said of the extravagant use of opium, and stimulants in dysentery, must go to his book. One of his patients not habituated to the use of alcoholic stimulants took forty ounces of brandy in twenty-four hours. He makes this confession at last: "Of the cases properly distinguished as malignant, many must die despite the faithful employment of the measures on which the chief reliance is placed." This long quotation has not been made for carping criticism, but to give warning to others not to fall into the current into which this teaching led some of my professional friends soon after its publication, and which resulted in the death of almost every one upon whom it was tried.

I was consulting physician in one of the cases thus treated, and witnessed the flushing of the cheeks, "the stupefaction and heat," the long drawn respiration, the gradual decline in strength, loss of all desire for food, the yellow, opium skin, and, finally, death. A beautiful and accomplished young wife and mother fell a victim to the methodical opium treatment for dysentery, with the astringents added, and then, in the last extremity, the enormous doses of brandy to keep the vital spark, as long as possible, from dying out. This treatment practiced anywhere, in any form of dysentery, will produce more mortality than the disease itself. I do now, and here, enter my protest against it.

Nearly all writers of the last century, as well as those of the present, condemn the methodical opium treatment, and recommend it as a palliative in the severe sufferings of the patient, and this has been my custom, and is, I fancy, in accordance with sound philosophy. I have said that it is more than a palliative, but as a palliative it should be used. The treatment recommended by gentle laxatives—camphorated tincture of nutmegs, etc.—has been more successful than any other, and when employed early and with proper care, with good nursing, and appropriate hygienic

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surroundings, it is almost infallible. This treatment is to be preferred in all forms of the disease to the opiate and astringent course advised by Professor Flint.

At the risk of repetition, let me say that no drastic medicine is to be given at any time or under any circumstances. After the effect of the first treatment with calomel and camphorated Dover's powder is over it will not be necessary to repeat it in two or three days, and then only in cases in which the tongue remains foul, with no healthy secretion of the liver. But it is important to keep up a gentle impression with the rhubarb cordial so that at least one evacuation may be produced in twenty-four hours. The calomel should very rarely be given after the ulcerative stage is developed, but the rhubarb cordial is a safe and most valuable remedy in all stages, provided it is not given in such doses as to produce griping. This effect of rhubarb is very much modified by combination with an alkali and with aromatics, but there are occasionally idiosyncracies which are unfavorably affected by even small doses. In such cases a good and sweet article of cold pressed castor oil may be substituted for it. No attempt should be made at producing active catharsis after the first stage, and after the thorough evacuation of the alimentary canal has been accomplished, and this should be done in all cases in the first stage, if possible. During this time the passage of the fecal contents of the bowels with bile and other acrid secretions over the inflamed colon and rectum, causes much less distress than subsequently. In every case these matters must pass off, even if retained by binding remedies to the last stage, either by the unaided efforts of nature or by the use of remedies, or the patient will succumb to the disease. It not unfrequently happens that after a week of opiate and astringent treatment, fæces and bile, in large quantities, are spontaneously discharged, and the patient suffers the most excruciating agony. This often precipitates the stage of ulceration. This discharge is sometimes hailed as a favorable change, and it may be in exceptional instances, but unfor-

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tunately it is often otherwise. The efforts of nature, held too long in abeyance, now do little good, but afford the only chance for the recovery of the patient.

IPECAC TREATMENT.

Ipecac was first used as a medicine in the treatment of dysentery. It is an evacuant and is valuable as such, having no important remedial influence otherwise. The dose is about twenty to thirty grains, three or four times in twenty-four hours, or as much as the stomach will bear without excessive nausea and vomiting. If the first dose causes emesis, which often happens, another dose may be administered in a short time, and this may be repeated every four or six hours until the laxative effect is produced, then twice or three times in twenty-four hours. In sthenic cases, with very acute symptoms and high temperature, it is often a valuable remedy, especially in the first stage of the disease, but later, it is too depressing in its effects. The nausea and vomiting which it produces restricts its usefulness to a few cases. It is claimed by the advocates of the remedy that it restores the natural and healthy secretions of the mucus membrane of the bowels, and that the dejections soon become feculent under its administration, and that it stimulates the functions of the liver and acts as an efficient diaphoretic. My experience with it is confined to the first stage of the disease.

SALINE TREATMENT.

This is, perhaps, the most popular treatment of the present day, especially amongst the laity. The sulphate of magnesia, sulphate of soda, and the soda et potassa tartratis, are the salts most frequently employed. This was the treatment used in the army in the great conflict between the Northern and Southern people. One surgeon speaks of it thus: "Since the adoption of the saline treatment an entire change had taken place; dysentery being no longer

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the dreaded disease it formerly was, to either physician or patient; for in nine instances out of ten, when seen at the beginning, and the saline treatment used, the disease was jugulated. Diametrically opposite to the common treatment as this course was, yet in two years it was the general practice in both armies." In the first few days of the disease this treatment will do well in many cases when carried to the extent of evacuating the bowels (half ounce to one ounce), but after the first effect there is scarcely ever any benefit from using it. I am satisfied from experience that in a very large majority of cases more harm than good results from the saline treatment after the first stage of the disease. It is to be preferred to the methodical opium treatment; indeed, I here reiterate the opinion that any mild evacuant method is more safe and reliable than this.

I can not now revise and rewrite this paper, and must beg the indulgence of the profession for presenting it in this rough state. It has been written very hurriedly and between the calls to professional work, and many imperfections will be found in it, but it contains some experience which I hope may prove useful.

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EPIDEMIC CEREBRO-SPINAL MENINGITIS, AS IT APPEARED IN SELMA DURING THE WINTER OF 1884-5.

BY FRANK TIPTON, M. D., OF SELMA,

Ex-Vice-President and Junior Counsellor of the Medical Association of the State of Alabama.

During the past autumn and winter, our city was invaded by this disease in its most virulent type; so violent, indeed, was its murderous inroads in the earlier months of its visitation, that a diagnosis of meningitis became little short of a verdict of death. I became much interested and engaged in the observation of such cases of the disease as fell to my care, and I think my careful study and watching, often for many consecutive hours, night and day, of the more violent types of this malignant poison, and the effect of remedies, has afforded me experience that may perhaps prove valuable and interesting to those of my readers who have had less opportunities for studying its course and treatment. For some weeks previous, and running into and apparently commingling with the infectious poison of this epidemic, had been a visitation of influenza, affecting, with few exceptions, our entire population. So closely did the two epidemics tread upon each other's heels, and so intimately were the phenomena of the two blended, that one was often puzzled, in the beginning of an illness, to say which poison would come uppermost. To my own mind, there seemed, if not a hybridization, at least a corelation in the expression of the two infecting germs. There were no unusual atmospheric or telluric agencies at work during the winter to foster the spread of those epidemics, or to

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engender them, if we except a snow fall in February, which became the exciting cause of some cases of meningitis. The period of the invasion extended from October to April. In those cases which came under my observation as attending and consulting physician, I found a great diversity of type, greater than in any type of disease that I have heretofore observed. The majority of persons attacked were males—colored male children—though the white population did not escape, and when attacked almost invariably died, in spite of the most constant attention and skilled treatment. The modes and exciting causes of attack were various, though almost all could be traced to direct exposure to inclement weather. Two cases of mine began as severe bronchitis, the cerebral symptoms and muscular rigidity developing on the fourth day. Another began with violent angina pectoris, and still another, a most interesting case, began as a simple "crick in the neck," the patient going about and attending to his duties until staggering and incoordination of muscular action forced him to bed, two weeks after the first prodomata set in. Other cases which I now know to have been mild congestive types of the disease, would go to bed, complain of pain in the neck, some stiffness of the cervical muscles, wander a little at night, show great dilatation of the pupils, and recover rapidly on being purged and thoroughly blistered with turpentine embrocations. I found two symptoms invariably present in all well marked cases, viz: Marked dilatation of the pupils, and staggering on attempting to stand. Delirium occurred to some extent in every case I saw; so, too, some rigidity of the cervical muscles, and tenderness on pressure at the site of the foramen magnum and over the ligamentum nucha. Many cases of cervico-brachial and occipital neuralgias occurred also during this epidemic, due, I am well satisfied, to the same epidemic infection. Indeed, it was difficult and unwise to predict positively the issue of these seemingly mild attacks of myalgia, so treacherous had been the invasion of certain cases of meningitis with similar prodomata,

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going on to a fatal termination. All the cases that I saw had paroxysms of shivering, due, I thought, to the hyperæsthetic condition of the skin and the impaired enervations. The pulse was slow in the majority of the cases noted in the beginning, growing faster as asthenia became more pronounced. The temperature varied from 99½° to 105° in different cases. The presence of malaria, I think, determined much of this fluctuation in the body heat. The prevailing type of the disease was asthenic, with some cases showing some vigor in the beginning; yet I saw no case that would have borne veratrum or purgatives well after the third day. The time for such measures was soon passed, and the disease, as it appeared here, certainly sustained the belief of its specific infectious nature. The local lesions being but expressions of grave blood changes, purpuric spots were reported in some cases, though this symptom was wanting in most cases. Several cases of the fulminant variety occurred, the intense blood disorganization seemingly overwhelming the cardiac and respiratory centres before other characteristic lesions developed; yet even in these the dilated pupil and profound nervous disturbance disclosed to the practiced eye the true nature of the disease. The result in many cases that survived was most distressing—total blindness in some, deafness in others, with muscular contractures, paralysis, etc. The modes of dying were by profound shock from extensive blood changes, with cardiac and respiratory failure, by coma, and by asthenia.

In the early days of the epidemic, all treatment seemed powerless to check the violence of its manifestations. In vain were its luckless victims plied with bromides, chloral, opium, iodides, blisters, calabar bean, and ergot. They died, one after another, in such quick succession that any reported recovery came to be regarded incredulously by the laity, and set down at once as an error in diagnosis. Toward the close of the epidemic, either from an abatement of virulence in the poison, or else from improved methods of treatment, brought by increased experience, the death

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rate was much less; yet the distressing results left, often made the mere saving of life of questionable value.

In my own cases I found great diversity of types, and of necessity an equal need for diversity in treatment. Only in two particulars, might I say, that all demanded a like treatment—that is, in the administration of opiates and the use of blisters. These were my sheet anchors, par excellence. In no case, after having once experienced their positive value, did I omit their use; all other remedies were subordinated to these direct and powerful agents. Opiates should be given to the extent of relief from pain and of severe nervous phenomena, such as restlessness and active delirium. Beginning with one-fourth grain of morphine in adults, or from five to ten drops of McMunn's elixir in children, it should be fearlessly pushed till the desired result is obtained, in the early stages, and given more cautiously during the period of effusion. I used this treatment fearlessly in all cases treated by me after the first few had died under the chloral, chloroform and bromide treatment; used it in both children and adults, always with benefit and never with unpleasant results. In one case I used Majendie's solution, ten drops, hypodermically, every four hours, night and day, with best results. I would not hesitate in furiously delirious subjects to give one half grain of morphine every two hours hypodermically, until the patient became calmed. Unfortunately, for the proving of this belief, I had no case of violent delirium requiring excessive doses of opium to control it after I began to use this drug so fearlessly and successfully in these cases of milder types of delirium.

Amongst the first cases which I saw were two of this description, but the opiate treatment was not pushed as it should have been, and the main reliance was placed on chloral, chloroform and bromides. They both died. Had I to treat them again I would surely give them opium to the verge of narcotism, did it not control the pains and restlessness in smaller doses.

It is the pain—the intense, unbearable pain—that induces

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the violent nervous perturbations that we witness in these cases, and the alleviation of this symptom claims the first consideration. Having experienced the positive effect of hyosciamin administered hypodermically in the delirium and insomania of insanity, delirium tremens, etc., I used this remedy in full doses in one case; it proved utterly valueless. I saw no effect save excessive dilitation of the pupils and a temporary calm that did not at all approach in completeness the calm of opiates. In full doses it is too depressing; in small doses it is utterly valueless. The pain must be subdued before rest can be obtained, and this hyosciamin will not accomplish.

Dr. Stillè, in his monograph on this disease, says, that he has known sixty drops of laudanum to be given every hour for eight consecutive hours before the symptoms were controlled. Dr. Haskell has given ten grains of opium at a dose in this disease with benefit. Dr. Miner gave half ounce of laudanum in an hour in one case, and sixty grains a day of opium in another; all these cases recovered without being unduly narcotized. Chauffard, in France, gave fifteen grains of opium at a dose, and Boudin gave a commencing dose of fourteen grains of opium, and two grains every half hour after till quiet was obtained; under its influence all the symptoms were ameliorated.

Stillè says that opium does its best work in the early stages, and in inflammatory and spasmodic cases. Ziemsen says that morphine is indispensable in the treatment of this disease. Dr. Callier, of Chilton county, in this State, told the writer in conversation, that he lost every case at the salt-works in this State, during the war, until he adopted the plan of semi-narcotizing them, after which all cases recovered. In my cases I used quinine only when I suspected malarial complications, and then in sedative doses. I consider calomel purges excellent in the beginning of the disease. I used ergot and physostigma in all my cases, but I cannot say that I saw any marked results from their use. So, too, with the bromides. Chloral, I think, utterly value-

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less in sthenic cases, and hurtful in asthenic cases, from its depressing effect on the heart. It has no anodyne properties, and does not relieve the principal symptom, pain—which, like the pains of peritonitis, must be kept in subjugation, or your patient will die. Iodide of potassium was used in all cases after the period of effusion, in as large doses as the stomach would bear. Next to opium, in my estimation, are blisters, applied early and freely to the occiput and nucha; they are as positive for good as opium, when freely used, and should never be omitted; the head should be well shaved before applying them. Bladders filled with ice and applied to the head are grateful to the patient, and may limit inflammation. If stupor comes on, blister again and use hot mustard foot-baths. I had two cases apparently saved by repeated blistering for threatened coma. I saw cases which were benefited by veratrum for the first few days, but generally the nausea of this disease contra indicates this drug. Stimulants were used with benefit in adynamic cases, and patients were encouraged to take food freely.

In closing, I beg leave to say that to opium—divine, mighty, and potent opium—we must turn in our helplessness, when other helpers fail and patients flee, and under its all powerful help and refuge, again thank the great Creator for his greatest of gifts to suffering mankind.

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ERGOT IN CARDIAC DISEASES.

BY POWHATAN GREEN TRENT, M. D., OF ROCK MILLS,

Junior Counsellor of the Medical Association of the State of Alabama; Secretary of the Randolph County Medical Society.

That we owe a great deal to specialists for the work they have done in their respective fields of labor, is manifest even to the casual observer. In many dark places they have turned on the light, making diagnosis easy, revealing true pathological conditions, and inaugurating sound and philosophical therapeutics.

The general practitioner can look on and listen with no small degree of interest, while these pioneers are busy, removing obstructions and preparing the way, for we expect to follow on, becoming wiser, and, we trust, at the same time, more useful to our fellow man. When we look around we see and admire a great deal we would like to imitate, and if we can do no more, we can say to those who have already done so much, press on, for there are other victories not yet won, and other achievements not yet attained.

But the idea that there are many discoveries yet hidden within the veil of an incubative future, need not hinder us from rejoicing over those already revealed, or from saying to the faithful sons of science who unveiled them, "Well done, thou good and faithful servant."

When we follow the specialist of the eye, for instance, through the delicate, narrow way he is necessitated to travel, witnessing the revelations of the ophthalmoscope, and see with what precision he surveys almost every part of this important organ, we are led to conclude that there is little excuse for any one to pass through the latter part of the nineteenth century in darkness.

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When we follow the specialist of the ear in his various auditory meanderings, as he passes through the external ear until we are lost behind the tympanic membrane; viewing the pyramid of the tympanum ere we enter the great vestibule, then sail placidly over the liquor cotunnius till we reach the deep labyrinth of audition, we behold, to our amazement, a place full of turnings, the exit of which is not easily discovered; but our guide is a safe one, and is so familiar with the whereabouts of the entire surroundings, even in a diseased condition, that we need not be uneasy. In a large number of cases, after all medication fails, he makes the laws of acoustics so serve him, that we are almost without an apology for any one's not being able to hear the ringing of the dining bell.

As we further pursue this thought, something else opens to our vision, and at length a great clamor breaks in upon our sense of audition; we find it to be the exultation of other specialists over another conquest. Yes, another victory is won, another glorious triumph over disease attained. What is this victory? this glorious triumph?

Gynecologists tell us, woman is relieved at last! that, though her powers of maternity may be weakened, or entirely lost, life is saved, and health restored. Such is the grand result of ovariotomy. Truly can we say, "amen!" and "well done!"

So we repeat that the general practitioner owes a great deal to the oculist, the aurist, and other specialists, for their incessant labor, creating beautiful oases in the desert places, enabling us to arrive at correct diagnosis, correct prognosis, and better still, correct therapeutics.

But in the midst of this debt of gratitude, and of this rejoicing over victories already won, we hear something else. Is it again the exultation of victors? We listen for a moment. It sounds more like an importunity. No, it is not the shouts of conquerors this time, but the vehement cries of victims calling upon the noble science of medicine for help. They say: "you have saved others, why not save

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us?" Who are these victims? and what is their trouble? They are those in whom disease has invaded the great organ of circulation; that organ that obtains no sleep, that knows no perfect rest, till death says: "Peace, be still!"

We regret that no cardiaist has, as yet, announced he is able to cure all the diseases of this important organ. When we consider it from a physiological standpoint, and see how early in fœtal life it undertakes the performance of its function, and then see what important changes it needs must undergo when the child becomes an independent being, the importance of the work and well doing of this little muscle that weighs only a few ounces, is forcibly presented. When we take into consideration the numerous sympathies which connect it with every part of the body; the almost universal share which it bears of the burden of diseases promiscuously; the readiness with which it responds to every feeling, emotion, and passion of the mind—fluttering with terror, throbbing with anxiety, bursting with grief, and its incessant and unresting action, we can not wonder that it is frequently disordered, in a serious and permanent manner, and so often altered materially in structure. Therefore, no grander subject can invite the attention of the physician than the correction of these derangements. We need no philosopher to tell us we know too little of cardiac diseases and their treatment. This we have already learned in a way we cannot forget—learned it, perhaps, at the expense of our own reputation, or in the death of some dear friend, or, may be, in the death of one nearer and dearer to us than our own life. Why we do not learn more about the sympathies and the diseases of the heart, I can not tell.

Somehow, the profession has become too timid to announce a diagnosis of heart disease, and I fancy this timidity begets ignorance. Look at our statistics, and see how rarely you find cardiac disease reported as the cause of death! Many cases reported as apoplexy, dropsy, asthma,

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&c., are nothing more nor less than diseases of the heart; and just so long as we remain ignorant of their symptoms and pathology, we needs must remain in the dark as to their therapeutics. But it is in nowise the object of this paper to discuss the symptomatology and pathology of cardiac diseases; neither is it our purpose to consider cardiac therapeutics in general. The symptoms and pathology of the various disorders affecting this important organ, as given by different authors upon the subject, are quite satisfactory to us; but we greatly regret that, during an experience of eighteen years, their treatment has been found very unsatisfactory. Up to about eight years ago, in treating all heart derangements, of course we could do no more than we had been taught, or something we had learned from a book, or journal, and, ofttimes, to our own chagrin, we found all this quite inadequate to the end desired. Certainly we could palliate and protect, thereby deferring the fatal issue for awhile, nevertheless, we well knew the enemy was gaining our territory, and that it was but a question of time when he should have full possession. Among those whom we lost by valvular disease of the heart, was one very near and dear to us. It was in this sad bereavement that we seemed to comprehend more fully how unsatisfactory and insufficient was our knowledge of cardiac therapeutics. It was not very long after this before another case of valvular trouble came under our care.

This case was an aged gentleman of intemperate habits. It was easily seen to be a bad one, so the prognosis could not be otherwise than unfavorable; yet we must put him upon treatment. But we confess that we went to work almost without faith. This we made known to the anxious wife and mother, for we felt that the dark hour would soon come, and we did not want her to think we were ignorant of her husband's condition.

We put him on the usual treatment, proscribing his smoking, and whisky drinking. This gentleman was the father of quite a large family, and the intense anxiety of the

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mother, and the increasing wants of the dependent little ones, seemed to make our responsibility anything but desirable. We watched our patient carefully and closely, visiting him daily; saw that he lacked for nothing. But in spite of all this his sun continued to go down; it was sinking rapidly behind the western slope, the evening shades had made their appearance, night had almost come. To make it more appalling, our patient knew he was nearly gone. We happened to drop in at this juncture, and this is one visit we shall never forget. The greatly increased œdema, the hurried, gasping respiration, the faltering, almost imperceptible pulse, unmistakably told the end was near. The weeping wife cried out, "Oh, doctor! doctor! can't you do something more for my dear husband?" We shall never forget how little, and how weak we felt. Everything seemed to be so obscure, the darkness so dense—not a ray of light to cheer us. Still we thought if we just had some way to stimulate the heart to that degree of action which would enable it to send the blood to every part of the system, there was no necessity for this man to die. But this was the question that had engaged the attention of the sages of medicine. We had been giving all kinds of stimulants without the least evidence that we were increasing the power of the heart's action; so how can we hope at this late hour, and in the midst of such an emergency, to be so fortunate as to think what had not been thought, to find what had not been found, to do what had not been done. Really we had no hope. We were conscious of the fact that our hands were tied; yet in this state of inaction it was quite natural for us to yield our mind to meditation. So the first thing we did was to raise the pericardium, and take a peep at this little muscle within, situated obliquely and a little to the left side, in the chest, suspended by its base, resting on the diaphragm by one of its surfaces, and free and movable in the rest of its extent. We cannot tell why it was so, but the next thought led us to consider another

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very important little organ. So we raised the reflections of the peritoneum, and peeped down into the pelvis, and we beheld a small, hollow, symmetrical substance, having the shape of a truncated conoid. We saw at once that it, too, as well as the heart, was mainly and essentially muscular in its organization. Why it was we thus compared heart to uterus, we cannot tell, but we were impressed by their similarity of structure, and thought how the one sent out the life to the individual, and how the other sent out the life to the race. Stop the action of one, and the individual ceases to exist; arrest the function of the other, and the race is extinct. In this reflection we remembered that the uterus was not only in an unimpregnated condition, but that it become more so during gestation. So this very important question presented itself. If ergot be such a powerful stimulant to the womb, why not also to the heart? If it will act so powerfully upon a muscular organ in the pelvic cavity, why not upon a muscular organ in the thoracic cavity? Of course we could not answer this interrogatory. But if it unmistakably acted upon the one, we could see no reason why it should not act upon the other. This thought seemed to dispel the obscurity and darkness, that just a moment before was so dense, that not even one ray of light illuminated our pathway. Somehow we felt we had been merged into the light of a noonday sun, and without further reflection we administered the remedy. It was out of our power to remain with the patient and watch its effect, but we left him on the ergot treatment for twenty-four hours. We were fully satisfied that he had to die, and we saw no reason why he had not as well die taking ergot as anything else. Not hearing of his death, however, at the expiration of that time, we visited him again, and, to our astonishment, he was not only still living, but his condition was much improved. We attributed this to the ergot, therefore the treatment was continued. In twenty-four hours we made another visit, and finding his condition still improved, we continued the ergot. The next day, also, we saw him,

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and he was doing so well we continued the treatment *ad finem*. This man was soon restored to his usual health, and returned to his business, wood hauling.

But in spite of all I could say or do, he would smoke again, and debauch himself with whisky. We told him if he continued this, some day he would be found dead in the woods where he was loading his wagon. But this did no good, he continued smoking, and occasionally drinking for a few months. Four days before Christmas he bought one and a half gallons of whisky for his holiday dram, and he doubtless expected to have a joyous old time. In three days he drank all the whisky! The fourth day was Christmas eve; he was still hauling wood, but had no whisky. He threw off his last load at his own home, went into the house and was looking for his pipe when his heart made its last pulsation, his lifeless body falling to the floor in his own room. So, ere the dawn of the Christmas morning on which he had anticipated so much pleasure, his soul had taken its flight to its eternal home. We mention this result somewhat in detail to establish, in the first place, that it is quite probable we were correct in our diagnosis of cardiac disease, and to show that his former recovery, and the consequent protraction of life, were due mainly to the use of ergot; and further, had this man observed only an ordinary degree of temperance, we cannot tell how long he might have lived. But be that as it may, we were quite favorably impressed by this new therapeutical idea of ergot, and we intended to try it in other cases of heart trouble, until we should be fully convinced whether it was really possessed of potency, or whether its therapeutic value existed in our imagination only. After trying it in a great many cases, we were fully satisfied that we had not been beguiled by an idle fancy or vain delusion, but that it was an agent possessing great efficacy and power, in all the disorders of the heart, whether they be structural or neuropathic.

In mitral regurgitation we feel that we can truthfully assert it has no peer in the *materia medica*. We prescribe

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it in this condition of the cardiac organ with almost as much faith of arresting the backward flow of blood, as did Ambrose Parè apply the ligature in front of the heart, for the suppression of arterial hemorrhage. For us to enumerate the different cardiac derangements for the relief of which we have used ergot, is unnecessary, but we simply state that, in any and all of them, it is the therapeutic agent that in our hands has done the most good. Our confidence in its power to control these derangements is so great, that we do not confine its administration to direct involution of this organ, but we use it in all diseases specially burdensome to the heart through its various sympathies.

In the many fevers that so frequently excite it to act vehemently, we have obtained the happiest effect from veratrum and aconite when ergot was combined with them. In the continued fevers, or in a protracted case of any disease when the heart is greatly depressed, or cardiac weakness is a special feature, you will find in ergot the long-looked-for stimulant.

In pneumonia, especially when both lungs are simultaneously involved, presenting, as this condition does, so much opposition to a free and easy action of the heart, you will find it an important adjunct to your treatment. We have carried our ergot idea still further: looking upon cyanosis in the new born essentially a heart trouble in some way (and we accept the explanation of Dr. Meigs,) in connection with the right lateral decubitus, we give ergot at once, and continue its administration until the trouble is all gone. We are satisfied that we saved the life of at least one little babe that could not have been saved by position alone, by the combined treatment.

Here is another class of cases about which we are often consulted; they are children from one to ten years of age. We are informed that they seem to be well through the day, but are quite restless during the night. Our informants are generally of the opinion that worms cause the trouble; and so they do in the larger number of cases, but we are almost

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sure to prescribe an anthelmintic in every case. Subsequently, we learn that from about one-third of the cases no worms were expelled, and they still "put over bad nights." Now, if you will examine these cases, you will find some slight heart trouble; it may be nothing more than an intermittent pulse; all you need do is to prescribe ergot, and you will soon learn that these children rest well. We have made it a point to thus invite your attention to the slight cardiac disorders in children, for they are too frequently passed unnoticed, and eventually terminate in something of a serious nature, when a timely administration of a few doses of ergot would have removed all trouble. We cannot sufficiently emphasize the value of ergot in every conceivable disorder of the heart; yet we would, by no means, have you think that by its use you will be able to save all your cases. There is no disease more curable than pneumonia, but do you not lose cases? No one questions the therapeutic value of quinine in intermittents, but does it always cure them? Neither can we doubt the value of ergot as a therapeutic agent in cardiac diseases. When you prescribe it in these disorders, don't forget to look after the complications, for our observation tells us they are not few. Give your mercury, iron, quinine, opium, gelseminum and colchicum, as these complications demand, but always address the heart derangement with ergot, and you will be rarely disappointed.

One other idea and we will have done. If we had to be anæsthetized by chloroform, we would take a full dose of this powerful cardiac stimulant as a protection against any unpleasant effect that might result. We generally use the fluid extract, mostly by the stomach, but, if the emergency is considerable, we prefer its hypodermic administration. Not long since we were called to an aged lady, and when we entered her room, we feared she could not live until we could charge our syringe; four doses were administered, hypodermically, in one hour and a quarter. At this juncture our patient was easier, and in a little while wholly relieved.

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We never give a larger dose than a fluid drachm, and it is exceedingly rare that we ever repeat with this quantity, the dose being gradually reduced as the patient improves. After the paroxyntic symptoms yield we generally continue the ergot in doses of from five to ten drops each, discontinuing any opiate we might have given in the introductory treatment. Though we have watched closely, not in a single instance have we seen any unpleasant effect follow its continued administration.

TO RECAPITULATE.

1. Ergot is the great cardiac therapeutic.
2. It should be administered in all direct lesions of the cardiac organ.
3. In all diseases specially burdensome to it through its various sympathies, or by whose violence there is great depression, or by whose protraction cardiac weakness is a special feature, remember ergot is the long-looked-for stimulant.
4. In cyanosis and the slight cardiac troubles of childhood, you will find ergot of great value.

In conclusion, if this paper shall arouse the medical minds of this association to a profounder consideration of cardiac therapeutics, the writer shall not have written in vain.

ADDENDA.

The following simple method has enabled me to preserve powdered ergot almost indefinitely: Take a clear glass bottle—colored will not do—pack the ergot in the bottle as tight as you can, the object being to exclude all the air possible from the powder. As it is dispensed it should be scraped from the surface with the spatula, never disturbing more than is wanted just at the time. By this means you can have pure powdered ergot in your office at all times.

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FŒTAL LIFE.

BY HENRY JASPER WINN, M. D., OF BIRMINGHAM,

Member of the Medical Association of the State of Alabama, and Health Officer of Jefferson county.

I have selected "Fœtal Life" as the subject of the paper I have the honor to read, by appointment, to this distinguished body. My purpose is to bring to the consideration of the profession in Alabama, through the channel of your proceedings, the moral and social question bearing on the fœtal period of human existence. These questions have already acquired a degree of importance throughout the land not yet so fully considered or appreciated by us, I fear, as the gravity of their relations to the permanent welfare of society appears to demand.

It is with no mere formal expression of regret, I must confess at the outset, that the research and study which must always be preliminary to a full presentment of our subject, want of time and opportunity have denied to me. It is also with unaffected reluctance I assume the lead your generosity has summoned me to take in a discussion in which skill in logic, and felicity of illustration, demand powers above my own. Actuated, nevertheless, by a solemn conviction that the science of medicince stands confronted by the question presented, I shall confidently appeal to you to hear me for its cause, trusting that it may not be devoid of interest or of practical results.

It is stated by the most experienced gynecologists that in the United States the frequency of interruption of pregnancy before fœtal viability varies from one abortion to three births at full term to one abortion to every birth. Madame La Chapelle estimates that the abortions are equal

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to the births. Other authorities think her estimate too high for other than densely populated communities, and consider one to three as the general rule. Just consider this a moment. The physiological act of birth at full term occurs only three times as often as the abnormal act of abortion! What an immense sacrifice of human life is here unfolded! For every three living children born into the world there is, at the lowest estimation, one whose life is wrecked during the few short months of fœtal existence; in many cases offered willingly as a living sacrifice upon the altar of fashion, or social convenience.

This estimate applies only to such abortions as are, or may be said to be accidental. Now, add to these the numerous abortions wilfully produced, the various cases in which means are resorted to in order to destroy the germs of a life at the time of their probable union, and we will have a roll of lives destroyed or prevented annually, the contemplation of which is truly appalling.

As an illustration of the working of this evil throughout the United States, and to show the magnitude of its proportions, I will here give some tables, and comments on them, taken from a pamphlet, viz: "The Deterioration of the Puritan Stock," showing the extent of its operation in Massachusetts:

BIRTHS.

Years.	Both Parents American.	Both Parents Foreign.	American Father, Foreign Mother.	Foreign Father, American Mother.	Unknown.
1876	16,790	18,590	2,448	3,485	836
1877	16,897	18,071	2,502	3,572	808
1878	16,970	17,105	2,637	3,680	846
1879	16,768	16,298	2,733	3,665	831
1880	18,130	17,651	3,141	4,044	1,251
1881	18,218	18,169	3,267	4,119	1,447
Totals	103,773	105,884	16,738	22,565	6,019

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Calling the native stock "American," and adding to it one-half of the three last tables, the number born of natives in the six years is 126,429. The native born population of 1880, was 1,339,595; the foreign born population of 1880, was 443,491.

Deaths in six years—native or American born, 156,225; foreign born, 30,716.

As seen from the above tables, there were born to the native Americans 126,429, and that the deaths of native Americans, during the same six years, numbered 156,225; the deaths exceeding the births 29,796. Whereas, to the inhabitants of the State of foreign births there were born, during the same years, if we add (as has been added to the native born) one-half of the three last tables, 128,540. Thus we have deaths of foreign born, 40,716; births exceeding deaths by 87,824.

The fact deduced from these figures shows that the foreign born inhabitants of Massachusetts, numbering less than one-fourth the population, give birth to more than one-half the children born in the State. The reasons assigned for this anomalous state of things are the smaller number of marriages among the native population and the smaller number of births among those who do marry. The first results from various causes, notably and principally, from the social restraints upon young people, rendering the contract of marriage among them a supposed impossibility unless they have the means to adopt modes of living deemed essential to its happiness. The latter, the smaller number of births among those who do marry, results, to a very large extent, from fœticide. This crime (I continue to quote from the pamphlet) has advanced in the most enlightened Christian communities until to-day it is as common as it ever was in pagan Rome. With ever increasing rapidity it has become fearfully prevalent, and has invaded every rank in the land; high and low, rich and poor, cultivated and ignorant, Christians and unbelievers, married and single, all furnish victims to this fiendish destroyer. Perhaps Jews and Catholics are less

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guilty; but it will be found that only the foreigners of these are exempt, and that the native born, or long resident, are as guilty as all of other creeds.

Once it was thought a more serious crime to kill the fœtus after the movement of the child called quickening; but with growing knowledge of spiritual things, that all life in this world is from the Lord, and that a distinct soul or spirit begins with, in fact produces fœtal life, this feeling has changed, and the slaughter now goes on without so much reference to fœtal age as the convenience of the should-be mother. With equal indifference it is hurried on or postponed at the call of business interests, or of social life.

The causes for the wholesale destruction of human beings are the fashionable habits which have made child-bearing so difficult and dangerous, and the fact that it has become so common, and so little effort is made to punish it, that it is difficult for a mother to believe that she is actually committing a premeditated murder—a worse crime than to kill the child after it is born, because she at the same time puts her own life in danger. But what I regard as by far the most active, exciting cause, is the facility with which the means can be found for committing the crime. I speak of this part of the subject with extreme delicacy, but can not help regarding unprincipled physicians as the foremost cause of this trouble, and therefore chiefly the guilty parties. Of this detestable deed, says Dr. Storer, of Boston, who has collected an enormous amount of evidence on the subject, "the statements made, though simple and true, appear so astonishing as to shock belief, and so degrading as to tend to lessen all faith in natural affection and general morality."

Women are not willing to assume the cares and troubles of maternity; they will not willingly endure the retirement from society and pleasure that child-bearing compels, and if they are so unfortunate as "to get in the family way," every method is tried, and too often successfully, to pro-

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duce miscarriage—ruinous to health, and causing a habit of miscarriage perhaps for life. Pregnancy is looked upon by the average woman of the day as a great misfortune, and some are so perverted in their ideas as to consider it something to be ashamed of, and that it is positively vulgar to have any sign of child-bearing; and they do not hesitate to lace tightly, improperly exert themselves by riding, walking, dancing, or any other way, knowing that it endangers the life of the child, which they would be only too glad to lose.

If this line of thought and conduct were confined to the lowest classes of society, it would not be so much to be wondered at; but it is more general, and, I think, more prevalent among those who, by their social position, are best able to sustain the added cost of living that children entail. Now, although this evil has grown to such enormous proportions in the older States (for the same condition of things prevails to about the same extent in all of the older States), it may be urged that we, in our State, have no immediate cause for alarm. Yet it does exist among us, and is rapidly increasing, and unless the same conditions, which produce such terrible results in older communities, be fully considered, met and corrected, the same results will inevitably follow with us.

Are we, as physicians, discharging our whole duty in stemming the tide of this rapidly extending evil among us? What is fœtal life? Is it a life, or is it the evolution of a life, as some evolutionists contend, incomplete as a human life until it has passed through the various stages of fœtal development, and has breathed the breath of life? There can be but one answer to this question. Yet I firmly believe it is for want of a full and unequivocal answer to this question that much of the wrong thinking and wrong doing consists. Does the medical profession of this State, or of the United States, by word and deed, give an unequivocal answer? I take it that no one will deny that the fœtus becomes human life as soon as conception has taken place,

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and that the physiological act of birth is but an advanced degree and condition of the same human life, and that all civilized countries recognize this as a fact, and view as infanticide all acts which purposely result in the death of a fœtus at any stage of its existence. Yet, in the face of this, the medical profession, publicly and authoritatively, by countenancing certain medical or surgical procedures for the destruction of the fœtus, fails in a full and perfect recognition of the inalienable right of the fœtus to a life, which it has never forfeited by wrong doing. Can we wonder, then, that even enlightened, christian people fail fully to realize the sacredness of the life of the unborn child during its earlier stages of development?

I doubt not but that it has been the experience of all of us to have had solicitations from respectable, christian mothers and fathers, to whom the lives of their children, after birth, were as precious as their own, and who intended no wrong, to relieve them of the onus of child-bearing, after they were satisfied that conception had taken place. To prevent conception is considered by a great many as an undoubted right, and even duty, under some circumstances. I once knew a high dignitary of a Christian church, whose views on this subject were so perverted as to cause him to resort to measures to prevent his wife from bearing children, simply because he was afraid he could not so provide for and educate them as he supposed his position in society required.

Civilization, with its refining influences upon our physical nature increasing our wants, cultivating our taste for luxurious and expensive modes of living, is rapidly increasing the number of those who are led to adopt measures to thwart the design of woman's creation, thus reducing her to the position of a courtesan, whose sole purpose in the married state shall be the gratification of her own and man's lust, and all that is holy and lovely of the motherhood of woman is lost in the maddening strife for wealth and social position.

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Child-bearing is the divine mission of woman. The first words ever addressed to Adam and Eve were words of blessing, coupled with a command, "And God blessed them, and God said unto them, be fruitful and multiply and replenish the earth." The same blessing and command were twice given to Noah and Abraham; and Ishmael received a similar blessing, as did Isaac in the same chapter; and throughout the written law of God the same lesson is inculcated—the duty and sacred obligation of this divine law of our Creator.

In this, too, we find exemplified the truth of the proposition that obedience to the divine laws of our being invariably carry with them blessings both to physical being and moral life, and the reverse, that a violation of them is followed by physical troubles and moral degeneracy. So we should not be surprised when we see and are told that all interferences with this divine, or natural law of our being by molestation, after conception, or prevention of lives that might have been, are always attended, sooner or later, by evil results to the individuals themselves, as well as the communities which they help to constitute, and necessarily end in irreparable moral and physical degradation, so damaging to good health and to good morals, and so fatal to national prosperity as to demand of the profession an emphatic and unqualified condemnation.

Throughout the old testament fruitfulness is regarded as the greatest of earthly blessings, and as such given as a reward to the righteous and withheld as a punishment from the wicked, and we have a notable instance of the divine displeasure of God at the resort to one of the preventive measures of the present day, in the death of Onan.

Now, these scriptural precepts and views of the blessings of child-bearing are as applicable to us as they were in the olden times. The divine law, as written for our guidance and instruction, is always in perfect accord with the natural laws of our being, morally as well as physically. As Dr. Goodell has well said: "The sexual instinct has been given man for

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the perpetuation of his species, but in order to refine this gift and to set limits to its abuse, it has been wisely ordered that a purely intellectual quality—that of love—should find its most passionate expression in the gratification of this instinct. Dissociate one from the other and man sinks below the brute. Destroy the reciprocity of the union and marriage is no longer an equal copartnership, but a sensual usurpation on the one side and a loathing submission on the other. Consider the moral effects of such shameful manœuvres; wedlock lapses into licentiousness, the wife is degraded into a mistress, love and affection change into aversion and hate. Without suffering some penalty man can not disturb the conditions of his well-being, or trespass beyond its limitations. Let him transgress her physical laws and nature exacts a forfeit—dare he violate his moral obligation, an offended Deity stands ready to avenge them. It is shown by the experience of all who have closely observed such cases that man suffers physically, as well as morally, whenever he practices onanism in any of its multitudinous forms, and thus "parts with the seed of another life" in any other way than in those natural ways in which it tends to become fruitful. And yet with shame to our civilization, it must be said that these artifices, borrowed from the brothel for the purpose of avoiding conception, are used to such an extent throughout the land as may well alarm all right thinking men.

These practices, it is true, have been sanctioned by English economists, who, frightened at the vast amount of crime, vice, and suffering in their land, improperly attribute it to "over-population and large families." They, thus, with man's usual arrogance and pride of opinion, in order to remedy that which they suppose to be the trouble, sanction a gross violation of morality, and fondly imagine that such immoral and beastly practices can ever result other than in an increase of the very evils they hope to remedy. If they would set their minds to work to correct the real evils producing such results, e. g., absenteeism, laws of

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primo-geniture and entail, the grasping avarice of the rich, the intemperance, ignorance and shiftlessness of the poor, they might much more reasonably expect improvement in the conditions they complain of.

There can be no harmless or available ways or means for thwarting nature's plain intention. Where efforts to do violence to nature do not injure the body, they assuredly injure the mind. All such attempts soil the purity of thought and degrade marriage into a carnal compact, which regards alone the necessities of the flesh. There is no innocuous expedient whereby conception can be avoided—even natural sterility is a curse. "Show me a house without children, and ten to one you show me an abode dreary in its loneliness, disturbed by jealousy or estrangement, distasteful from wayward caprice or unloveable eccentricity." There are no thornless by-paths by which man can skulk his moral and physical obligations; no safe strategems by which he can balk God's first blessing and first command. Hence, it is plainly our imperative duty, as physicians, to deprecate all such practices, and to take a bold and uncompromising stand against them, else we can not escape the condemnation of being untrue to the responsibilities and sacred obligations of our honored profession. It is not alone our duty to condemn practices of whose moral turpitude there can be no question; but we should mark well our own bulwarks. We should see to it that we discountenance all procedures in the profession, by which the life of the fœtus is destroyed, for any reason, as being violations of moral law, as unquestionable as the vilest of other methods to which we have referred. Let us first pluck out the motes which obscure our own vision, that we may view these questions, "not through a glass darkly, but face to face."

Impressed as I am with a full sense of the grave nature of these responsibilities, resting upon us as a profession and as individual members of that profession, it was with exceeding regret and surprise that I read, in "The Transactions," the remarks of Dr. J. C. Clarke, purporting to have

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been made on the floor of the Alabama State Medical Association, at its last session, during the "Omnibus Discussion" debate, on a paper submitted by Dr. Chas. Whelan and entitled a "Plea for the unborn child." In these remarks Dr. Clarke gives utterance to sentiments and opinions as devoid of sound reasoning as they are unjust and discourteous to a large body of Christians, who, in their church teaching and discipline, have, at all times, taught and held steadfast, sound positions on this and other moral questions. It is to be regretted that the learned Doctor should have allowed a sectarian spirit to enter into a discussion of a purely scientific and moral question. Having read "The Plea for the Unborn Child" carefully and repeatedly, I have failed to discover one single line in allusion to the Roman Catholic teaching on the question at issue. The Doctor seems to have ignored the fact that there are many distinguished men of the medical profession, who entertain the the same view with the author of the "The Plea," etc., not because it is Roman Catholic doctrine, but because it is sound morals. Certainly the Doctor will not carry his Protestantism so far as even to protest against sound moral principles because they may be the teaching of the Roman Catholic church. He should recollect, too, that the Presbyterian church, in its recent trial of Rev. Dr. Woodrow, because of his advocacy of a principle of modern science perfectly consistent with revealed religion, according to all advanced scientists, has, as he might term it, invaded the domain of science. Nor is this the first, nor, in all probability will it be the last time, that his church will undertake to "invade the domain of science," and anathamatize one of her learned Doctors because he has the audacity to teach "heresy." We need have no apprehensions of invasions by the Roman Catholic priesthood upon the domains of science. Every truth, whether physical, moral or spiritual, will live forever, for that which is of God cannot be extinguished. Truth will prevail, despite the invasions of all who oppose it, be they Roman Catholic priests or Pres-

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byterian elders, and notwithstanding the unfounded apprehensions and narrow minded prejudices of the over-zealous in the ranks of its expounders.

It is with great reluctance that I enter the arena of theological controversy with one so skilled in scripture as the Doctor, for he truly seems a very Titan in this field of research, but for fear by the speciousness of his biblical argument he may impose upon some, I feel it my duty to the cause of the unborn child to attempt to overthrow his argument for justification in "slaughtering the innocents," particularly as he lays himself liable to the suspicion of "quoting scripture for a purpose," and possibly some of the craftiness of a redoubtable prototype may lurk in his nature, prompting him to inject "catholicism," "priesthood," and like unnecessary epithets into a purely scientific debate, for the purpose of prejudicing the decision of the question at our present session. I shall rely on the very passages he himself has quoted to sustain me.

Dr. Clarke arraigns Dr. Whelan for having emphasized the divine command, "Thou shalt not kill," and also as having fallen into the mistake of a too literal interpretation of the Holy Scripture "to prop up and sustain his plea for the unborn child." How any one reading that part of the paper referred to, where the subject is viewed in its moral aspect, can make such accusations, is to me most strange; for the writer there distinctly showed the relations which existed between the creator and the creature—the right of the former to legislate for the latter, and how that legislation was understood by those who received it at the foot of Mount Sinai, as well as those who live to-day and admit God's supreme command over man. By one of these acts of legislation, we are positively forbidden to shed human blood, either to death or injury. If the Doctor will only read the very part of scripture to which he alludes, he will find that the man who took his neighbor's life in those days, forfeited his own to the lawful authorities, just as he would

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forfeit it to-day, under like circumstances, to society. But God never surrendered, or ceased to exercise that supreme control over life and death which essentially belongs to Him. Witness the deluge, Sodom and Gomorrah, and numerous other instances of instantaneous Divine vengeance mentioned in the Old Testament. We find there, also, Almighty God delegating this same Divine power over life and death to man or men—even to Pagans, as avengers of the insults offered to His Divine Majesty by sinners—*e. g.*, Cyrus the Great, Alexander the Great, and many others mentioned as "God's avengers."

Now, if the Doctor will examine the passages of scripture to which he refers his readers as authority for what he does say in the Transactions, but what he did not say in the discussion, he will find that God Himself expressly commands Moses to tell the people to go up into Canaan, and to destroy the inhabitants, and possess the land. (Numbers, 31st and 33d, 50.) Let him also read the sixth chapter of Joshua, and perhaps he may learn that it was the Lord who delivered Jericho into the hands of the Israelites, and commanded the destruction of every living thing in that iniquitous city. I refer him to the fourth chapter of Judges, that he may there read how the prophetess, Deborah, foretold that Sisera was to fall by the hand of the woman, Jael, who but carried out God's command in the destruction of the enemy of her people. I ask, now, where is the parity between these cases cited and the subject of the "Plea for the Unborn Child?" Surely the learned Doctor admits the right of God over life and death, and he also admits, I suppose, His right to delegate that power to man. It is plain from the passages cited, to which he refers but does not give quotations (why?), that God has done so, and it is also plain, from the order of society throughout the whole civilized world, that he delegates that power to society lawfully constituted. Where, then, I ask, in the Old or the New Testament, do we find a single passage which shows him that "under a variety of circumstances it may become justi-

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fiable for an individual, unless in self-defense, to take human life? To what scientist, or to what profession, has God ever delegated this power, and when? How, then, can the Doctor object so vehemently to emphasis upon the Divine command, "Thou shalt not kill," or to a rigid adherence to it, not as "Roman Catholic doctrine," but as a command addressed by the Supreme Ruler of the universe to all men of all creeds throughout the world. It will require, I trust, some sounder theologian than Dr. Clarke to convince us that we are wrong. Nor do I imagine that "Draper's Conflict with Science and Religion" will very greatly terrify any of us; for, on whatever side we view the religion of the Gospel, we find that it enlarges the understanding and tends to expand the feelings. In the sciences, its tenets are not hostile to any natural truth; its doctrines forbid not any study. It bases everything in heaven and earth for the contemplation of man and the research of scholars. In a word, "He hath delivered the world to their consideration." There can be no conflict between true science and religion, whether expounded by a Roman Catholic, evolutionist, or a Dr. Draper. There can be no disagreement between the word and the works of the Creator.

But, gentlemen, moral law is not fixed or determined by any man's or set of men's teaching; nor is it dependent upon any church's teaching; nor do statistics, however carefully collected, determine the morality of any line of action. If you could show us by statistics that in every case of gravid nausea the mother would die if not relieved by artificial abortion; and that every mother recovered where this practice is resorted to; and that all die (child as well as mother) where it was not resorted to, it would still leave the question as to the morality of the act just where it is now, with none of these propositions proven. No! morality has no such standards. The laws of the ethical world are as fixed and absolute as those of the physical. We cannot deny the proposition that "events are not at the bottom fortuitous, either in the material or the moral

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world, but that they are wrought out in a certain inevitable way by unchanging forces," and all violations of physical or moral law are followed by penalties. "Obey or suffer is the inexorable decree;" weakness or ignorance is no excuse for disobedience of the law or for mitigation of its penalties. Society has moral laws or it has not. If it has not, then there can be no order, no certainty, no system in its operations—and confusion and contradiction must be the result, just as certainly as the absence of law in the physical world would produce a state of chaos. Having moral laws, they, like the physical, are necessarily sure, inflexible, always acting and without exception. "If there is to be consistency in human life, there must be an absolute standard, absolute truth, absolute law. Without these everything is swallowed up in individualism." "There must be a common rule of conduct for humanity, to which the actions of man, yesterday, to-day, and to-morrow, must be wrought into harmony."

What rule, then, have we to guide us aright in the decision of this and all other moral questions? Shall it be the rule of "the greatest good to the greatest number?" And in obedience to this rule, shall we, as occasion demands, disobey the law in the vain hope to secure the greatest happiness to the greatest number? Shall even "the slaughter of innocents," whose voiceless lips utter no note of supplication for their inoffensive lives, be no let or hinderance to this boasted rule of the greatest good to the greatest number? God forbid! Should it not rather be the simple rule, "obey the law?" Most assuredly so. Can we either follow or discover any other rule which will lead us safely through all such questions, it matters not however grave the responsibilities by which we may at times be surrounded? It will cut through every gordian knot of perplexity and doubt in morals, and whenever we recklessly depart from it we are at once launched upon that ever turbulent sea of trouble—expediency. "As well might we seek to light a fire with ice, feed cattle with stones, hang

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our hats on cobwebs, or in any other way disregard the physical laws of the world as go contrary to its equally imperative ethical laws. We must not swerve from this rule, when evils seemingly threaten us, from a strict and unflinching obedience to its behests. It is, we know, hard for man, puffed with a little learning and his boasted reason, to refrain from pursuing a course in morals in accordance with his individual opinions of what seems best to be done, even though to do so requires him to disobey the law. That course only can be best which is abstractly right. This is the true attitude to assume, and must determine the conduct which it has been the object of all moral teaching to inculcate. Obedience to law is always right, and to do right is always expedient; and there are cumulative evidences of the growth of respect in society for the integrity of the principle of abstract right as it appears in our theme.

Early in December, 1884, the first judicial interpretation of the right of starving men to become cannibals, with the plea of expediency to excuse the act, was pronounced by a court of law. On this occasion the English Court of Appeals, Lord Chief Justice Coleridge presiding, unanimously decided that the captain and mate of the English ship "Migonette" had committed murder. The "Migonette" had foundered at sea. The condemned officers, a boy, and one other man were saved in the ship's boat. After long suffering and in apparent danger of starvation on the sea, those officers killed the boy, and subsisted themselves on his body, until rescued by a passing vessel. Landing in England, they reported their terrible fate, and the deed they had perpetrated. They were arrested, tried, convicted of murder and condemned to death. The Queen believed her clemency to be demanded, and they received her pardon. This is the first case of the kind on record.

Besides this notable instance, it is manifest that the disposition of the higher class of society is growing less prone to accept the arbitrament of the duello to determine points of personal honor or courage.

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Society is acquiring courage to respect the abstract right of all conditions of human life to immunity from autocratic domination under the guise of circumstances. No man would undertake or attempt to improve on the natural laws of the universe. How, then, can he any more reasonably expect to improve on the moral laws, which are as surely divine in origin as the natural? "When will man learn to cease his frantic efforts to scan this great God's world in his small fraction of a brain, and know that it has verily, though deep beyond his soundings, a just law; that the soul of it is good; that his part in it is to conform to the law of the whole, and in devout silence follow that—not questioning it; obeying it as unquestionable!"

Man can give no surer evidence of real infidelity than by doubting the efficiency and sufficiency of the divine arrangements, or with infinite arrogance and presumption, substituting the human judgment as less fallible.

There is, then, a fixed rule of moral action, and it is simply, "obey the law." The law of the abstractly right and the highest wisdom, is in a perfect and fearless submission to its mandates. In the application of this rule to the solution of any moral question, it is only necessary to keep clearly before us the difference between moral law and individual opinions or judgments on moral questions. The one is divine and the other human. If we allow ourselves to act according to the dictates of individual opinions or judgments of moral questions, we can have no assurance that our actions will be in accord with that morality in which there is "no variableness nor shadow of turning."

"A system of pure ethics can not recognize evil or any of the conditions which evil generates. It knows no such principle as infraction of the law, for it is a mere statement of what the laws are. It is silent as to what shall be done with the violator of the law. All the information it gives us is that such and such are violations; "Thou shalt not kill," "Thou shalt not steal." Any deviations from strict rectitude it wholly ignores, and any decision on any question

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beyond this is no longer authoritative, but is merely human declaration." Just as physiology, being a classified statement of the phenomena of bodily life, as normally existing, can not recognize disease or solve any question concerning it. We should not ask, then, is it right that I shall allow two lives to be lost, when I can save one life by taking another life? The moral code is silent on all such questions, as the expediency of taking a life to save another life. It only says, "Thou shalt not kill," and there it leaves us. If we go beyond and attempt to reason ourselves into an infraction of the law, we do so at our peril. We are then beyond the pale of moral actions, and have placed our own experience and judgment above the infallible guide and law of the author of all law.

Almost every act of wrong doing is excused by the doer, on the grounds of expediency—that is, that his own interests or those of others, whom it is his duty to protect, require him to make exceptions and violate a known law, even to the imbruing of his hands in innocent blood. Those gentlemen of the profession who advocate the "slaughtering of the innocents," *secundem artem*, are learned and honorable men, we know. Still, at a session of this Association, a few years since, one of them, in the discussion of this question, recited the history of seven cases in which he had destroyed the life of the child in order to bring on abortion, in his own experience, during a comparatively short period of time, and such is the perversion of which the human mind is capable. He maintained that he considered his practice not only justifiable, but that it is the true course to pursue.

Brutus, too, was an honorable man, and yet he imbrued his hands in the blood of his king and devoted friend! And why? Because he, like these gentlemen, deserted the safe and simple paths of obedience to law to follow his own opinions of what his duty to Rome required; "not that he loved Cæsar less, but Rome more." Just so these violate the same command, not that they love the unborn child less, but the mother more.

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The modern slaughterer of communities by dynamite explosions, reasons himself into the commission of a horrible wholesale murder of innocent people by a like process of vicious reasoning.

Could not the professional abortionist, by like reasoning, justify his acts of infanticide? The reputation of woman! her fair name before the world! How does she value it? What is she without it? What will she not give to preserve it, even though she may have forfeited all right to it by one false act? How does she value it in comparison to life itself? What is life to her without it? Without it her life is a living death. What is easier, or simpler, or more in accordance with this same morality than relieve her of it—kill the child! It is only an unborn child killed to save a mother, that which is dearer to her, and all connected with her, than life itself; and, as Dr. Clarke suggests, there is much more probability of its being a rascal than otherwise any way. So why not?

No, gentlemen, this is all wrong. No man can with impunity violate the law and escape its penalties. "Disobedience is sure to be convicted, and there are no reprieves." We can, too, always arrive at the truth of every moral question if we simply yield ourselves promptly and willingly, obedient servants to a moral sense which is implanted in us. It will as certainly direct us aright as we give a willing obedience to its dictates. The difficulty does not consist in reaching the truth, but in doing what we know to be the true thing; in having the manhood and courage to adhere to the truth, when to do so brings us in conflict with our own wishes and prejudices, or the clamors and demands of others. It is recorded of Pilate, the Ruler of the Jews, that when he sat in judgment at the trial of the blessed Savior, and the Jews were clamoring to have him crucified, Pilate asked our Lord, "What is truth?" It was not that he did not know what his duty as an honest judge required, but because he had not the moral courage to do what he knew was right, regardless of the clamoring of the populace

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that, to appease conscience, he asks "What is truth?" The Son of God gave him no answer. So it is with us, if we disregard the admonitions of this moral sense which God, in His bountiful mercy and providence has implanted in us, and bury it beneath the rubbish of our attempts to construct a theory of justification for disobedience to a law, which it tells us we should obey, we, like Pilate, will then find there will be no answer to our query, "What is truth?"

It is just because man has an infallible guide in him which discovers to him absolute law, that he is a responsible, agent and will be held to a strict account for transgressions of the law. And hence, when we, as physicians, attempt to violate the moral law, "thou shalt not kill," and to justify such violation, unless we are able to show where and when such authority has been delegated to us by God, we are as guilty morally as any other men who take human life without authority, and at the final bar, the sentence of the transgressor will be entered against all of us who violate this divine law, trusting to our own judgments of what is best for us to do, rather than obey the law and leaving results with Him, "whose wisdom passeth man's understanding," "whose thoughts are not man's thoughts," "nor His ways man's ways." For even the Son of God Himself, though "very God of very God, and of one substance with the Father," took not upon Himself, whilst upon earth, to disobey the law, but made His life conform strictly to the law, and said, "Lo, I come to obey Thy Law, O God."

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A REPLY TO THE "PLEA FOR THE UNBORN CHILD."

BY WILLIAM H. JOHNSTON, M. D., OF SELMA,

Grand Senior Counsellor of the Medical Association of the State of Alabama, and member of the Board of Censors and Committee of Public Health.

It is due to Dr. Whelan to state that in reply to his circular letter, that I was negligent in not furnishing him with the particulars of the seven cases of "gravid nausea" with which I was connected. If I had, it is more than probable that he would not have been quite as censorius as he was. When his paper was read before the Association last year I missed that part that censured me, and I was unable to get a copy, and for that reason did not reply on the next day, and I did not see until the Transactions were published what he had said.

Five of the seven cases reported by me were my own; in two I was called in consultation, and assisted in bringing on the abortion. Two of my five cases were in the latter stages of pregnancy, one about the seventh month and one at the eighth month of pregnancy. Five of the seven cases were before the fourth month of pregnancy, and all these five cases got well; and one of the cases has since given birth to two living children at full term—one to one living child at full term. The only death was the patient in which labor was induced at the eighth month. The child was delivered alive, but died afterwards. The seven cases were all of "gravid nausea."

I wrote the Doctor that all the therapeutic resources had been exhausted before abortion was resorted to; that rectal alimentation had been faithfully tried, and had failed to give relief. He asks the question if I had left it to incom-

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petent nurses. That would not have been a faithful trial of it. The patient that died could not retain any kind of an enema two minutes, even when opiates were used with it. The Doctor again asks if I am sure that the very remedies to quiet the stomach and bowels were not excitors of emesis in my persistency to afford relief. In reply to that I will say that I followed the directions and teachings of those men who are eminent in the profession, such as Thomas and Barker, and if they are not qualified to teach, then I think there are none who are. Again, he condemns the administration of beef tea by enemas. Yet, in another part of his paper, he goes on to show how digestion is accomplished when the nutriment is given by enemas. Further on I will show that the most approved nutrient enemata fail in many cases, and in the most capable hands. The doctor is also astounded at a death from exhaustion. He says "he cannot recognize this word as a consistent cause for death in gravid nausea." There are three recognized modes of death—death by the brain, death by the lungs, death by the heart. Death by the heart is when it occurs from asthenia or exhaustion. If the Doctor prefers starvation to exhaustion, I will not object. But I am quite sure that I am not alone when I ascribe deaths to exhaustion. I would have no fears of being contradicted by such a body as the New York Academy of Medicine. If my patient did not die of exhaustion from starvation, I am at a loss to account for her death. She complained of neither ache nor pain. She said she was tired, and that was her only complaint, and then only when asked. A short time after the birth of the child she said she felt a great deal better, and from that time she retained all she took into her stomach. There was no hemorrhage; there was no pain on pressure over the abdomen; no tympanites; no vomiting; temperature normal, but the pulse was rapid and weak. She died within twenty-four hours after delivery of the child. She took stimulants freely, but without benefit.

Again, the Doctor says: "We hold him (referring to

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myself,) and its advocates to a strict medical and moral responsibility at every step they advance on the life of the helpless fœtus." I thank God that I came of a stock who, when convinced that they were in the right, never hesitated to assume any responsibility that fell to their lot, even when their own lives were jeopardized by following out the line of duty. And at the same time I and those who are with me hold the Doctor responsible for every step he fails to take to save the life of the woman. If he fails to give her any chance for life he is a criminal to that extent, and is recreant in his duty as a physician. He is called to the woman, and it is her life that he is responsible for.

I am afraid that science or truth will avail but little with a man who utters the following opinion, viz: "The life or death of the mother has nothing to do with the case so far as the physician is concerned, further than that he is bound to use all legitimate means to preserve her life, but surely murder is not among the legitimate remedies to be used in medicine." The terms licensed fœticide and murderers might possibly have some effect on men who did not know what their duty was, but it certainly bears no scientific argument with it when presented to the minds of educated and intelligent physicians. To convince scientific men of to-day one must have facts, and without them words and terms are nothing.

Again, the Doctor says: "Where will the prudent physician place the limit of expectancy? If it be remembered that the vomitings may possibly produce abortion, yet are not dangerous for the mother; also, that modern writers assert that they have never known them to terminate fatally." The only writers I can find who make any such assertions are Burns and Desormeaux. Their teachings can hardly be considered modern in an age as progressive as ours. Now listen again to my friend, the Doctor: "We have shown that even in the most skilful hands the ratio of mortality, according to Cazeaux, is about seven mothers in every eight where this operation has been performed, and

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we have no doubt that if the whole statistics could be truthfully gotten at, that the result would shock the sensibilities of even the professional abortionist." Surely my friend, the Doctor, when he wrote that, must have forgotten that he had just said that when abortions took place spontaneously they were not dangerous for the mother. It is asking a great deal of an educated and intelligent physician when you ask him to believe that a woman in an exhausted condition can abort without danger, and at the same time to believe that when artificially produced, and in a skilful manner, there will be over eighty per cent. of deaths. The two things can hardly be consistent. We are all aware that in the large cities of this country abortions are being constantly produced criminally, and yet you rarely hear of a death. Look at the palatial residence of Madame Restell, on 5th Avenue, in New York city, erected from money received for criminal abortions, and in making her large fortune. I think she was only three times before the courts. We, therefore, can by no means admit such a mortality as the Doctor would have us believe, and, at the same time, we are compelled to deny the statement that spontaneous abortion is not dangerous to the mother. I know of three cases that died after spontaneous abortion. At the very time that this discussion was going on last year at Selma, a lovely young wife, one whom I knew personally, was dying from "gravid nausea." She aborted the day before she died; and it is the height of folly to tell any thoroughly educated physician that artificial abortion is more dangerous than spontaneous. When you are inducing it, you are there watching every avenue by which danger may approach, and prepared to ward it off. When it occurs spontaneously, the woman may lose her life from hemorrhage before you can get there. In my own cases, the patients were so much exhausted, and so feeble, when the operation for abortion or premature labor was commenced, that I did not dare leave them only for a short time; because I felt that even a slight loss of blood might induce a fatal syncope.

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I think there are few cases which give a physician more anxiety than those of abortions. I have been unfortunate enough to have met with a good many in my practice, and with every precaution, I never feel safe until the uterus is thoroughly emptied of its contents. Such being the case, I would never advise or undertake forced or artificial abortion except for the sole purpose of saving the life of the mother. The Doctor has said truly that we can not see into the future, and therefore we can not say that both mother and fœtus may not survive. While this is true, it is also true that we can state, from the symptoms before us in certainly a majority of the cases, that death is inevitable, unless some means is used to arrest the downward course. In cases of trunk or transverse presentations, sometimes spontaneous evolution takes place, and the child is born all right; but what would you think of the qualifications of a man to practice obstetrics who would sit down by the bedside of a woman and wait for such an event? Tanner may live forty-two days without food, but no pregnant woman who is constantly nauseated, can live that long without it.

The Doctor states that he is unwilling to concede that rectal alimenation will fail even in a limited number of cases. I do not doubt his unwillingness to concede it; yet it is a fact. I know of five cases of gravid nausea which have occurred in Alabama within the last twelve years, and all died without operation—one in the State of North Carolina, making in all, six deaths. I do not pretend to assert that all these patients received the most approved treatment, but I do assert emphatically that some of them did; and I am quite sure that neither the Doctor nor Dr. Campbell would have saved them had they been present to give the rectal enemas. The only ground upon which the Doctor could believe that rectal alimenation would answer in all cases, would be that where it failed it had not been properly administered. A rectum that will not hold a small quantity of sweet milk after twelve or twenty-four hours rest, can not be relied upon much for nutrient pur-

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poses; and then there are cases where the rectum will hold the nutrient enema, but the patient steadily goes downward, no assimilation takes place, and she gradually grows weaker until death closes the scene.

I know there are many before me now who have had cases where the disease was subjugated, and in spite of all the stimulants and other means to keep up the flagging heart, it would cease to beat. I am referring to other diseases, and not "gravid nausea." Our patients would take freely, by the mouth, brandy, ammonia, &c., and also hypodermics of strychnia, and yet the heart would not respond, and at last cease to beat. Now, if the stomach, especially endowed by nature for digestion, refuses at times to perform its functions, we need not be surprised at the rectum failing to perform a vicarious function. Again, we are told of cases that even the physicians in attendance despaired of all hope of saving the life of the mother from "gravid nausea," and yet they lived, and went to full term, and gave birth to living children. No one doubts this. How many of you here present have had patients with acute diseases who were so ill that every vestige of hope had left you—where you stood by the bed and counted the hours that you thought they would still live, holding your fingers on the scarcely perceptible pulse at the wrist—yes, even when the pulse could no longer be felt at the wrist? And still many of you have had such patients to recover. How many of such do recover? I ask you if one out of ten recovers? Do you not lose all hope just because the chances of recovery are not one in a hundred? I have had such cases, and the memory of them will last as long as I have any mind. The woman suffering from "gravid nausea" is no more exempt from asthenia and exhaustion than any one else. In the later months of pregnancy, her heart may be a little hypertrophied, but not so in the early months. The signs of failing heart power is the same in all diseases, and in "gravid nausea" the pulse will tell you, more than anything else, when you have reached the danger line.

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"Lay not the flattering unction to your soul" that you have done your whole duty, if that mother dies, when you have failed to give her the last chance of life. You are responsible for her life to the fullest extent of your knowledge of the means to relieve her; and if you withhold any means that would save her life, you have forfeited a sacred trust.

Go to-day among your own people, each one of you, and ask those who stand preëminent for honesty, justice, Christian charity, and all the virtues that make a good citzen, ask them what they would have you to do? And you know as well as I what the verdict would be.

There is another ground upon which I must take issue with the Doctor. He collects twenty-four cases in which the necessity for induced abortion existed, and there were six deaths to the mother, and then mentions thirty-three cases left to expectancy and scientific management, only four died, and attempts to prove by this that the operation should never be performed. Can the doctor tell me whether any one of the eighteen mothers who survived the operation would have died had it not been done? Can he tell me that the same necessity existed in the thirty-three cases, that did in the twenty-four? Can he tell me whether any one of the four who died, that were left to expectancy and scientific management, would have gotten well had abortion been produced? When he can answer those questions truthfully, and with the scientific facts of to-day staring him in the face, we will give his statistics a place, but not until then. This is not a day for surmises, and it is not an age when assertions will carry convictions. We must have facts, truth and proof when we are called upon to give our assent to a proposition that involves lives.

There is another thing strikingly conspicuous in this well written paper of the Doctor's, and it is this: that I do not find the name of a single leading obstetrician in the United States advocating his views. We are all familiar with Thomas, Barker, Isaac E. Taylor, Lusk, Polk and a host of

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others, but we do not find them upholding any such views. I have some letters from these gentlemen which I will read to you before I close this paper. It is not supposable that there is any prominent obstetrician in this country who advocates the views and opinions of the Doctor, or we surely would have had a letter from him.

The more I read and think upon this subject, the more I am astounded that my friend, in this 19th century, should advocate the views he does, and base his advocacy of them on medical grounds.

Let us now look at the medical grounds upon which this operation rests.

Whatever will preserve life is medically right.

These cases die because neither the stomach nor the rectum will receive, digest and assimilate the food. When abortion occurs, whether spontaneously or artificially produced, the nausea and vomiting ceases, and in a comparatively short time the stomach resumes its normal functions, and the life of the mother is preserved.

In those cases where abortion is not produced and the food can not be assimilated, both mother and fœtus die. If abortion is produced while the mother still has the power to rally, a majority will certainly live. If not, both mother and child are lost.

One of the supreme laws in therapeutics, is: find the cause of the disease, and remove it if possible. The cause of the non-assimilation of the food is the embryo in the uterus; and if it is impossible to have the food digested, and assimilated while it remains there, then it becomes our medical duty to remove the offending cause in order to save life.

We find, also, that craniotomy is condemned, and we are asked to abolish it, and the substitutes offered us are the following, viz: Forceps, version, induction of premature labor, symphysiotomy, Cæsarean section, lapâro-elytrotomy, utero-ovarian amputation, and the total extirpa-

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tion of the uterus. The first three we all will very readily accept and gladly, as substitutes, but when it is not possible to select them, what would you gentlemen do if it was your own wife? I do not think many of you would permit any man, not even Keith, Lawson Tait or Lister to perform those operations on your wife in preference to craniotomy. You know very well that the operation of craniotomy is not dangerous to the mother. If she dies, she dies from what has preceded the operation. I mean from exhaustion due to a long continued labor. And you know, also, with all your antiseptic precautions, there is danger even in the most skilful hands, when the abdominal cavity is opened for the purpose of removing a child. It is very much more dangerous at that time on account of the increased vascular condition of the parts. If you do not discard craniotomy you certainly can not abortion for "gravid nausea," as it rests on a fimer basis, there being no substitute for it.

We are also told that "any physician who would resort to craniotomy in this day for dystocias of any character, could be convicted of malpractice." I don't know much about the community in which the Doctor resides, and was not aware that it was preëminent for its high moral sense. But I am positively certain that there are cases in which, if craniotomy was performed on the living child, you could not get a respectable lawyer in Dallas county to prosecute for any sum of money, and I know you could not find twelve intelligent white men, who were honest and unbiased, who would convict. I think craniotomy a horrible operation, and that it should never be performed except for the safety of the mother. The operation, so far as the mother is concerned, in skilful hands, is not dangerous, but any substitute for it, which requires the abdomen to be opened, does greatly endanger her life.

France is a Roman Catholic country, and that church condemns any operation which sacrifices the child, and for that reason it was seldom, if ever done, and that accounts for the meagre statistics of Cazeaux, and also for his con-

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demnation of the operation. Taking the leading obstetricians in America, England and Germany, and I am quite sure four out of five unhesitatingly endorse the operation of "forced abortion" as a *denier resort.*

When this question was proposed for discussion at Birmingham, I confess I was a little astounded that there should be any doubt as to the right of doing it on medical grounds. It has been settled by the leading obstetricians of the present day. It has been used and resorted to for the purpose of saving life for one hundred and forty years.

Dr. Whelan, if I understand him correctly, does not object to the "induction of premature labor" for the relief of "gravid nausea." If it is right to do that, and recognizes its necessity at that time in order to save the life of the mother, and rectal alimentation will not carry her through, then medically it is right to do it at any stage of pregnancy in order to save her life, and he must yield the question on medical grounds.

I now propose to submit to you some of the authorities who favor this operation. Partridge, in his Manual of Obstetrics, published in 1884, says: "When the circumstances calling for the interruption of pregnancy permit, with safety to the mother, that condition to proceed until considerably advanced, the hope arises that the child, too, may be saved, and the endeavor is made in its interest to pass beyond the time of viability, the attendant feeling always that the mother's safety should never be at all involved by this effort."

Hewitt, in his work on Diseases of Women, says (in speaking of the nausea and vomiting): In a few cases it is necessary to induce premature labor. He also recommends beef tea, by enemas, for which I was so severely criticized.

Milne, in his work on Obstetrics, published in 1884, says, in writing of the bad consequences of the vomiting of pregnancy, "Abortion occurs frequently, (with relief to the symptoms), and in not a few cases even death results. If we ostracize this operation (the induction of abortion) here

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entirely, we must make up our minds occasionally to have our patient die in that saddest of ways, with her offspring in her womb. Happily the fatal cases are few and far apart."

Tanner, in his work on the Signs and Diseases of Pregnancy says: "Every physician meets with instances where the irritability of the stomach is so extreme that directly any kind of food, or even plain water is taken, it is rejected. In such cases the absence of all nutrition must lead to symptoms which are very formidable, the patient soon becomes feeble and exhausted, while there is daily increasing emaciation, the wasting sometimes going to an extraordinary degree. The least exertion threatens to produce fatal syncope. There is much suffering, with uncontrollable restlessness, the countenance assumes an anxious expression, though many times no manifestation of fear is apparent, the eyes get sunken, while the cheeks fall in and there is offensive sour odor in the breath; unless amelioration occurs, which may sometimes suddenly happen when matters appear nearly at the worst, a perfect loathing of all food and drink seems to set medical skill at defiance—violent epigastric pains torment the sufferer and the retchings often persist, though the stomach be empty. The weakness is extreme. At times there is disordered vision with hallucinations, while the system rallies and sinks again and again in the course of a few hours, like the flickering flame of a nearly burnt out taper. But one step more, and a fatal result ensues; the victim dying from sheer starvation, or from a rupture of a blood vessel, during a violent fit of vomiting, or from a paroxysm of convulsions. Even to the last, however, the mind is often supported by the hope of relief, and repeatedly the intellect remains perfectly clear till death closes the scene. Numerous fatal cases are recorded, but I know of no author who has had the misfortune to meet with so many as Baron Dubois, who stated during a discussion on this subject at the French Academy of Medicine in 1852, that in the course of thirteen years he had met with twenty in his own practice."

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Tanner goes on to say, "supposing the nausea and vomiting are having an evidently injurious influence, as they frequently have, what is the course to be pursued? It may be answered that our purpose must be three fold: 1st. To remove all irritating matters from the primæ viæ, and promote healthy glandular secretion. 2nd. To assist the action of the stomach by sedatives, tonics, and a carefully regulated diet; and 3rd. Other means failing, and life being endangered, to remove the cause of the disturbance by emptying the uterus. Unfortunately it occasionally happens that all the remedies we can think of fail to exert a beneficial influence. The patient is seen to grow weaker, and more emaciated hour by hour. Not only has the prolonged want of nourishment to be contended against, but the mere act of vomiting, after a time, produces a miserable sense of utter prostration. It then only remains in the third place to induce abortion; care being taken not to delay this proceeding too long, since it will, in all probability, merely hasten death, if signs of extreme exhaustion are present." He further states "that as soon as even the membranes are punctured the sickness will, in almost all cases, cease."

Dr. Fancourt Barnes, in his manual of midwifery, published in 1879, says, in regard to this subject: "As a rule the patient only vomits mucous secretions from the stomach, the food being retained. Cases, however, occur in which no food can be kept on the stomach, the patient gets thin, worn out, and so broken down that if abortion does not result and put an end to her sufferings it is necessary to induce it in order to save her life."

Dr. Robert Barnes, in his obstetric operations under the head of the "Induction of Premature Labor," says: "It is happily no longer necessary to prove the moral rectitude of the practice. Its justification rests upon the same basis as that from which the whole art of medicine derives its authority. Its design and its general effect are to save life, in many cases the life of both mother and child. And in

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the rest, where the child cannot be rescued, to increase at least the chances of safety to the mother. The moral aspect of the question is now reversed; the accuser and defendant have changed places; it rests with those who neglect that which will rescue a woman and her offspring from impending danger, who suffer one or both to drift to destruction to justify their neglect."

Further on in his work, at page 316, he says: "It will be convenient to enumerate first those conditions which, in the interest of the mother and disregarding the child, demand the interruption of gestation during the first part; under that head he says certain cases of urgent disease of the mother depending upon and complicating pregnancy. For example, obstinate vomiting, with progressive emaciation and a pulse persistent for some days above 120. My experience, he goes on to say, leads me to conclude that in cases of urgent disease there is more frequent occasion to regret having delayed the operation too long than having had recourse to it too soon. When through obstinate vomiting, for example, nutrition has long been arrested, the starved tissues craving for supplies and falling into disintegration, feed the blood with degraded and noxious materials. The system feeds upon itself, and poisons itself. The poisoned blood irritates the nerve centres, and these, wrought to a state of morbid irritability, respond to the slightest peripheral, uterine or emotional excitation. All nervous energy is thus diverted from its natural destination and exhausted in destructive morbid action. Irritative fever ensues, the pulse rises to 140 or more; no organ in the body is capable of discharging its functions, for the pabulum of life is cut off at its very source. At this point, labor, whether it occurs spotaneously, as it often does, or be induced artificially, comes too late. The tissues are altered, the powers are impaired beyond recovery, and death soon follows delivery."

Leishman, in his system of midwifery, on page 215, says: "The conclusion at which Cazeaux and others have arrived

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is that under no circumstances are we justified in inducing premature labor for the vomiting of pregnancy, but to this we cannot assent, although we admit that the cases which would warrant the operation are of extremely rare occurrence."

Tyler Smith alludes to two cases in which the induction of premature labor artificially was so long delayed that the patients died before abortion could be induced.

I wrote to Dr. Polk, who is professor of obstetrics in the medical department of the university of the city of New York, and requested him to get me by letter, the opinions of the leading obstetricians in that city. I will now give you his letter, and their letters, and then close the medical testimony in behalf of this operation.

Dear Johnston:

I send with this, answers to your questions from the four obstetricians in this city, all of whom are well known to you. I do not see how there can be any question as to the propriety of inducing abortion in a case of nausea and vomiting in pregnancy, where it was clear that the disorder was killing the mother. That such a contingency may happen I know to my own cost, having lost a patient from the condition in question, the emptying of the uterus having been deferred too long. Every reasonable effort should be made to postpone and ward off the operation; and rectal alimentation, in common with the many measures at our command, should be first used; but these failing, our duty is to induce abortion. You will find the opinions of all the European authorities that I could reach in their works—Playfair, Leishman, Schroeder, Spiegelberg, and Borneo. Hoping you success in your paper, I am, sincerely yours,

W. M. Polk.

December 31st, 1884, 13 East 34th street.

New York, 51 West 38th Street, November 13, 1884.

My Dear Polk:

In reply to the question your friend wished you to ask me, viz: "Is abortion for gravid nausea never justifiable, but will rectal alimentation carry a woman safely through, or at any rate, till the child is viable?" I would say most certainly abortion is justifiable in any case of uncontrollable vomiting, where rectal alimentation fails to keep up nutrition. I also believe abortion is indicated in many cases where emaciation, sleeplessness, continuous temperature, and tendency to delirium are observed, without waiting to try feeding by the rectum. Knowing as well as you do my views

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regarding the indications for abortion and the induction of premature labor, you might have answered this question for me.

Sincerely yours, J. W. McLane.

I will state that Dr. McLane is Professor of Obstetrics in the College of Physicians and Surgeons in New York city, and one of the best.

The next letter is from Dr. Lusk, Professor of Obstetrics in Bellevue Hospital Medical College:

New York, 47 East 34th Street, November 12, 1884.

Dear Doctor Polk:

A certain proportion of patients, owing to rectal irritability, cannot be nourished by nutritive enemas. In incessant vomiting, with starvation impending, the induction of abortion is not only justifiable, but imperative. This, however, is difficult in a specific case to distinguish between a real case of uncontrollable vomiting, and the pseudo-cases where petulant, wilful woman similate symptoms to convince the medical attendant that interference is called for.

Very truly yours, W. T. Lusk.

The next letter I give is from a gentleman whom my friend Dr. Whelan has also been in correspondence with—Dr. Paul F. Mundè:

New York, 20 West 45th Street, November 13, 1884.

Dear Doctor:

Your favor of yesterday inquiring for a friend whether I think "abortion for gravid nausean is ever justifiable when rectal alimentation may carry the woman safely through?" is received. In reply, I beg to say, that I think abortion in extreme cases of the kind decidedly justifiable, provided the nausea be so severe and protracted as to endanger ultimately the life or even the health of the patient, and provided rectal alimentation does not arrest or greatly diminish the nausea.

I have twice performed abortion in the third month under such conditions. after careful deliberation, and on mature reflection, think I was fully justified. I doubt whether rectal alimentation alone will suffice to carry a woman under such circumstances through three to four months, until the child is viable, and should prefer, after its thorough trial, not to take the risk. The question is one requiring so much careful deliberation and consideration I do not think that, in a general way, I can give a more positive answer to the enquiry of your friend. As a general rule I hold that it is not wise to endanger the life of the mother in order to save the always problematical existence of the fœtus. Still, intentional abortion should always be the last resort, but rarely to be used by the conscientious physician.

Yours truly,

Paul F. Mundè.

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The next letter I give you is from Dr. Barker, a man known to all the medical profession of this country, either personally or through the medical journals:

NEW YORK, 24 EAST 38TH STREET
Wednesday Evening, November 12, 1884.

Dear Dr. Polk:

If I must answer your question categorically, I should reverse your proposition, and assert my conviction that there are cases, fortunately very rare, in which induced abortion, on account of persistent nausea, and exhaustion by starvation, is an absolute duty—cases in which rectal alimentation utterly fails even if properly administered, in consequence of the annihilation of the function of assimilation in any part of the alimentary canal, due to the nerve perturbation resulting from pregnancy. My experience is limited to two cases, but after a most conscientious study of the subject, my convictions are as settled and absolute as if founded on a hundred. The first case occurred soon after Dr. A. H. Smith read his paper before the Academy of Medicine, on Rectal Alimentation. I have always felt that in a certain sense I was responsible for the patient's death, because if I had induced abortion when I first saw her, I think that she had vitality enough remaining to have gone safely through the operation. Every therapeutic resource seemed to have been thoroughly and judiciously tried before, except rectal alimentation. I recommended this with defibrinated blood, to be tried for four days. When I saw her again on the fourth day, it was too late. The second case occurred in December, a year ago, in a lady of abundant wealth, second pregnancy, sixth month. She came near dying from this cause in her first pregnancy, and was a very feeble invalid for three years after. I strongly urged that abortion should be at once induced, and even went so far as to say that "Please God, I would be responsible for the result." Her attending physicians (one being a brother-in-law) also strongly urged this course. But the family were Roman Catholics, and both the patient and her mother positively refused their consent. Both rectal alimentation and medication were thoroughly and judiciously tried. I visited her after this twice a day until she was moribund, and she died on the eighth day. I may add that the attending physicians were gentlemen whom you must know well, and whose judgment, tact and ability secured my full confidence and high respect. I had never met either before professionally, but often have since.

Excuse the length of this, but I could not express my views clearly in briefer terms. I will only add that I have induced abortion thirteen times for this cause, and never have regretted doing so.

Ever sincerely yours, FORDYCE BARKER.

I wrote to Dr. Barker and asked him to give me the results in his thirteen cases, and received the following reply:

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NEW YORK, 24 EAST 38TH STREET, January 19, 1885.

Dear Dr Johnston:

Your letter arrived at a time when I was receiving letters in regard to a matter personal to myself in such numbers, that it was impossible for me to take the time, under the pressure of other work, to even open and read them, so they were passed over to my wife, and unless she found that they related to professional cases, I only saw them as I could make the time, and then I only looked at a few whose names I recognized. Thus it happened that I never saw yours of December 27th until this moment. I hope that you will accept my explanation.

Of my cases in which I have brought on abortion on account of dangerous nausea and starvation, but two died. In both it was perfectly understood that it was done only as offering a very small chance for life; I think that I frankly said one in one hundred, when, without the operation, I did not regard the chance as one in one thousand. In two others, where I put the case as to chances in the same way, both recovered, the patients being kept alive solely by rectal alimentation and hypodermic stimulation for two days.

Very sincerely yours, FORDYCE BARKER.

I have only one more letter to read to show how this operation stands medically, and that is from Dr. T. G. Thomas, of New York city, and it is as follows:

NEW YORK, 294, 5TH AVENUE.

Dear Doctor:

I think most decidedly that there are cases where the induction of artificial abortion is justifiable. In any of the diseases of pregnancy, which having resisted all treatment, will certainly kill the mother, if utero-gestation be allowed to continue. In such cases, in my opinion, the induction of labor is demanded. Examples of such diseases we have in uncontrollable vomiting, and in affections of the kidneys, &c.

Yours very truly, T. G. THOMAS.

With this letter I close what I have to say medically in support of the operation for induction of abortion for gravid nausea. And it seems to me that no fair minded man can say that I have not furnished proof sufficient to establish it as a life-saving operation—one that is always justifiable as a last resort, and to save the life of the mother. Now, as to the legal argument, I will only quote from the Doctor's own essay, viz: "Any person who wilfully administers to any pregnant woman to procure her miscarriage, unless the same is necessary to preserve her life, and done for that purpose, is guilty and must be punished." It is entirely

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unnecessary to make any remarks on that. Medically and legally we have settled the question to any fair minded and unbiased person.

In following my friend, I must now see what the moral status of this question is, and I prefer upon that point to let the clergy speak, and, therefore, will read you five letters, two from Episcopal ministers, one from a Presbyterian, one from a Baptist, and one from a Methodist. These five were the only ministers I wrote to:

MOBILE, December 30, 1884.

My Dear Dr. Johnston:

Pressing engagements have delayed my answer to the question, with which you honored me in yours of the 12th inst. And now I must be brief, but if desired will hereafter give more at large my reasons for the opinion herein contained. Your question is as follows: "Is it ever right for an accoucheur to sacrifice the life of the embryo to save that of the mother?" Most certainly, in every case. My opinion is that any physician commits a grave offense who will allow the mother to die under pretense of saving the fœtus. Yours truly,

E. L. LOVELESS.

MOBILE, ALABAMA, December 15, 1884.

My Dear Dr. Johnston:

I am very decided in my conviction that when the mother's life depends upon the destruction of the fœtus, the latter should give way. I reach my conclusions upon this ground—that the mother's life is an established fact, and that her responsibility has commenced. There are other less considerations pointing to the same conclusions, such as the doubt whether the fœtus could be preserved, &c., but the consideration that the life of a responsible being should take precedence, in my judgment, settles the question. Yours truly,

RICHARD H. WILMER.

MONTEVALLO, ALABAMA, December 17, 1884.

Dr. W. H. Johnston:

DEAR DOCTOR—Yours came yesterday. "Is it morally right to induce abortion in order to save the life of the mother?" To answer categorically, I think it is. The same question of morals arises when the mother carries the fœtus to full time, and it is found impossible to accomplish her delivery without the destruction of the child. I think there can be no doubt in this case. To a class of casuists, the question presents itself in this shape: Two human lives are imperiled; is it right to destroy one in order to save

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the other? The better way to put it, I think, is this: Two human beings are drowning; we can save but one. Shall we save the one, or allow both to perish because we can not save both? In the case under consideration, the death of the fœtus is assured in any case. It must die if the mother dies; it must die if the mother is saved—mother and child are drowning: the child is beyond your reach—you can not save it. The mother may be rescued if you allow the child to go down. Shall you rescue the mother and allow the child to perish? or shall you sacrifice the mother in the attempt to accomplish an impossibility? "Gravid nausea," the case being considered, is not parallel with the case of a fœtus carried to full time. In the latter, the question may be, shall we sacrifice the child and save the mother? or shall we sacrifice the mother and save the child? In the former, the question is, shall we sacrifice the child and save the mother? or shall we sacrifice the mother and allow the child to perish? In coming to a conclusion in either case, I think it would not be wrong to consider the fact that the mother sustains relations as servant of God, wife, neighbor, friend, citizen—all involving grave responsibilities. The fœtus in utero sustains no relations involving any responsibilities.

After writing thus much, let me say further: I think of no cases in which a physician is called to assume a graver responsibility, or in which he ought to exercise more prudent cautiousness and a more scrupulous carefulness.

Excuse me for writing so much. You merely asked my opinion.

Yours truly, W. C. CLEVELAND.

TALLADEGA, ALABAMA, December 18, 1884.

Dr. W. H. Johnston:

MY DEAR FRIEND—I received some days ago your request for the expression, from an ethical standpoint, of my opinion as to what answer should be given to the question: "When a woman is about to die from nausea and vomiting of pregnancy, and all known means have failed to control it, is a physician morally right in inducing abortion, in order to save the life of the mother?" I have given this question a very careful consideration, and in doing so, I have attentively read and studied Dr. Charles Whelan's very interesting paper, entitled "A Plea for the Unborn Child." I am not competent, nor am I asked to express an opinion on the medical question as to when abortion is necessary to save the life of the mother, or whether, indeed, it can ever be necessary. That is a question to be decided wholly by medical science and authority. The question propounded to me is purely ethical, and is this: When competent and sufficient medical science has decided in a given case that it is necessary to induce abortion in order to save the life of the mother, is it morally right for the physician, in that case, to induce abortion? My answer is, when two lives are at stake, and it is impossible to save both, but possible to save the life of the mother by hastening the death of the child, which, in any case, must necessarily perish, it would be morally wrong for the physician not to hasten the

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death of the child, in the reasonable hope of thereby saving the life of the mother. In doing so, the physician would not violate the commandment, "Thou shalt not kill." He would rescue from mortal extremity the life of the mother, or make a reasonable and hopeful effort to do so, simply by shortening the duration of the embryonic existence of the child, which, under the hypothesis, it is impossible to bring into this world alive. It is true that the unborn child has an equal right with its mother to have its life conserved, while it is possible to save it, but in the hypothetical case presented, the unborn child has no chance of life in this world here below, while there is a chance of saving the mother's life by shortening the duration of the child's embryonic existence, which act can have no conceivable influence on the future destiny of the child in the only continued existence possible for it, and it would be morally wrong not to use all medically approved means of saving the life of the mother, since leaving her to die could not give even a possible chance of life to her child yet unborn.

Very truly your friend, J. M. P. OTTS.

MOBILE, December 15, 1884.

My Dear Doctor Johnston:

Your letter reached me Sunday morning just before services. I delayed answering until to-day, because we have a clergy meeting; and while I had no hesitancy as to my own answer, I wanted to get the opinions of the bishop and the other clergy. The bishop did not come, but I put a hypothetical case to Mr. Johnston and Mr. Reese, of course not mentioning you or any name. We three agreed in the unhesitating opinion that the embryo should be sacrificed to the mother. In my judgment, it is the mother's right, and the physician's duty to destroy the fœtus. Napoleon divorced Josephine, and married Maria Louisa, that he might have an heir. It seemed necessary to the stability of the throne, and the peace of the Empire. Yet when the Empress was in child-bed, and the physicians asked him which they should save, he said: "The mother; it is her right." A man has only to think of his own wife, in such a case, to classify his ideas as to the right and wrong of the act. Of course it should be reasonably certain that to do nothing will result in the death of the mother. Absolute certainty is unattainable; only her actual death will prove that as the only alternative. Where absolute certainty is unattainable, the nearest approach to it should be made If the case be obscure, a consultation should be had; but if there is no doubt whatever in the mind of the attending physician, or if time be short, then he should act at once. I have known of several cases, and in all except one the child was sacrificed, and the mother saved. In that one, the mother died, and of course the child also. It is held to be right, I suppose universally, to sacrifice the child, if at birth it becomes necessary to save the mother. A large part of the science of obstetrics hinges upon this, and the books are full of instructions how to do it. I think it may be maintained that an excessive nausea, amounting to actual danger of death, is a kind of premature labor. Certainly it is na-

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ture in the throes of agony, striving to relieve the mother, and unable to accomplish it. To my mind, it is monstrous to say that the mother must die because actual labor has not supervened. What are the causes of premature labor? Is not one of them such a condition of body that the fœtus can not be retained without danger. In a thoroughly healthy organization, such a condition brings about premature labor. Why does it not in all cases? Because the organization is not in a thoroughly healthy condition. Nature indicates what should be done, but is unable to accomplish it. Excessive nausea, or anything else which indicates that the child can not be brought to a successful birth, is the outward sign of what is going on unseen in the woman's organization. Nature struggles against a burden which she can not carry. Perhaps she has not strength to cast it off. To stand by and give no aid is like one watching the struggles of a drowning man, and giving no aid; it is nobody's business how he got there, or what the after consequences may be. A life in plain sight imperiled must be saved, if there be the power to do it. Again, where two persons are in peril, and you can only save one, only a poltroon would refrain and do nothing because he could not save both. Or, if a person be drowning, and you are in a boat, and can save him, but when you attempt to pull him out, you discover another under the water clinging to him—if you can not save both, can not lift them both, only a poltroon would hesitate to push off the under one and save the upper. It would be cowardice to let them both die because only one could be saved. In the case you put, the mother is the one that has a right to live, if a man would not hesitate to choose the one he could save, and let the one he can not save, or is doubtful about, perish. In ordinary circumstances, neither should he hesitate where his judgment is clear as regards a mother and an unborn child.

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Sincerely, your friend, J. L. TUCKER.

This, then gentlemen, closes my argument in favor of the "induction of abortion" for "gravid nausea" in order to save the life of the mother. You now have before you the medical, legal and moral grounds upon which we base our right to do it. We not only feel that we are amply justified, but we think we have shown conclusively that he who fails to use this means as a last resort, is criminally negligent. It is for you to say whether we deserve to be branded as murderers. If one life in a thousand was saved by it, that would justify and legalize it medically. This paper has become much more lengthy than I anticipated, and for that reason I made no comments upon the medical authorities it contains, and for the same reason I did not comment

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upon the letters of the clergy justifying it morally. You have them all before you, and can deduce your own conclusions.

One thing more before I close. I have not made any point on the statistics, because if one life is saved by the operation, which otherwise would have been lost, that justifies it on medical grounds. I could have added Dr. Barker's thirteen cases to Dr. Whelan's twenty-four, and one other case I know of, since his paper was written, making thirty-eight, with only two additional deaths—eight deaths in thirty-eight cases. Then I could add three more deaths to his four, which occurred in his thirty-three cases left to expectancy and scientific management, which would make thirty-six cases and seven deaths. But I do not think that is the way to settle this question. Why, only a short time since, I was reading a discussion on tracheotomy, in which one of the gentlemen stated that Dr. Jacobi had performed the operation one hundred times in succession, and all were unsuccessful. Now, no one doubts his skill, and no one denies that tracheotomy is not justifiable, and that by it life is saved, which, without it, would be lost; and, therefore, the operation is medically right.

Now, in conclusion, to sum up. In the first place I have shown from the best medical authors extant, men pre-eminent in their profession, that rectal alimentation will not suffice in all cases, even in the most skilful hands, and with the most approved nutrient enemata.

2. I have shown that digestion and assimilation will not take place in the same cases so long as the embryo remains in the uterus.

3. I have shown that when abortion is induced, digestion and assimilation, even in the worst cases, slowly resume their functions, and the life of the woman is saved, unless the vital powers were exhausted when the operation was performed, which is not uncommon.

4. I have shown that the cause of death after the operation, the overwhelming majority, has been due to previous exhaustion.

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5. I have shown that the great danger to woman is in deferring the operation too long, and I have given it to you in the language of one of the foremost men of our times.

It will be anything else but a proud day for the Medical Association of the State of Alabama—a scientific body of gentlemen—when it condemns this operation on medical grounds. If it should do such a thing it would do it in the face of scientific facts. Yes, with the knowledge before us, I am more than certain that they would sustain it medically, legally and morally; that they would say, "do not ask us to discard an operation by which we can at least save one life, unless you can give us a substitute for it that will save both. If you cannot do that, then you must stand aside. It is our mission to save life, and we are not fulfilling it when we permit a woman to die with a fœtus in her womb, who could have been saved had we emptied it."

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NOTES UPON INGUINAL AND FEMORAL HERNIA.

BY J. A. WYETH, M. D.,

Professor of Surgery in the New York Polyclinic; Surgeon to Mt. Sinai and St. Elizabeth Hospitals, New York.

My personal experience with inguinal and femoral hernias which were subjected to operative procedures, embraces twenty cases. Six of these operations were by the method of Heaton; were for the radical cure of inguinal hernia. As the time which has elapsed since they were done is too short to determine whether the cures are permanent or not, I omit their consideration from this paper. Of the fourteen remaining operations—

HERNIAS. 4	Femoral.	2 Strangulated (females) 1 died, 1 recoverd. 1 Non-strangulated (non-reducible), 1 male, recov'rd. 1 Non-strangulated (reducible), 1 female, recovered.
HERNIAS. 10	Inguinal.	9 Strangulated—5 males, 4 recovered, 1 died. " 4 females, all recovered. 1 Non-strangulated—1 recovered by reduction.

The following are condensed histories of these cases:

Case I.—Strangulated femoral hernia of the right side; operation; reduction without opening the sac; death, eighteen hours later. Mrs. Lynch, aged sixty-nine, had had irreducible femoral hernia for many years; had worn no truss. In March, 1875, at the request of Prof. Lewis A. Sayre, I visited this patient. I found a tumor as large as my fist occupying the femoral space and extending four inches below Poupart's ligament. The symptoms of strangulation had existed about forty-eight hours. I operated at midnight, without competent aid, and by the light of one coal oil lamp and one tallow candle. The operation lasted

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two hours. The anæsthetic was ether, as in all my cases. Following the teaching of Erichsen, Luke, and others, I performed Petit's operation, returning the hernia without opening the sac. The patient rallied slowly from the operation, sank again, and died in eighteen hours. The operation was completed at 2 a. m. At 10 a. m. I saw the patient, and as the symptoms of strangulation were not relieved, I proposed to open the abdomen and relieve the obstruction. The proposition was rejected by the patient's friends. She died about 8 a. m. Autopsy not allowed. The symptoms of strangulation were present to the end. I shall never repeat this operation, but invariably open the sac.

Case II.—Strangulated inguinal hernia of the left side; eight hours; operation; recovery. Lewis Burke, colored, aged twenty-one, New York city, had congenital inguinal hernia of the left side, which was reducible. Two years ago he began to wear a truss, because the hernia was becoming larger and more uncomfortable. After one year the truss was discontinued. The gut did not descend for six months, when it suddenly came down while in the act of lifting. The patient reduced it, and the descent and reposition were repeated at intervals for the next six months. On January 5th, 1883, while carrying a scuttle of coal the intestine came down suddenly, gave him great pain, and could not be returned. I saw him at 1:30 p. m., eight hours after strangulation. An attempt at reduction by taxis had been made without success by a physician before my arrival. I etherized the patient and inverted him in the hope of reduction without direct manipulation. This failed and I immediately cut down upon the hernia, released the constriction and returned the intestine. The loop of small intestine was five inches long, which, with a mass of omentum four inches long, composed the contents of the sac. Recovery without an unfavorable symptom.

Case III.—Strangulated inguinal hernia of the left side; seven hours; operation; recovery; December 24, 1883. Oliver B. Goldsmith, New York, sixty-nine years of age.

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In 1871 this patient acquired a complete inguinal hernia on the left side. It was easily reducible until it became strangulated on December 24th, 1883. On this day, while in the act of reaching upward to move some object from a shelf, the tumor suddenly pained him and became larger than usual. He found it irreducible, and strangulation ensued. I saw him seven hours after this accident, etherized and inverted him, and failing at reduction without trying taxis, cut down and relieved the strangulation. About eighteen inches of small intestines were found in this enormous sac. Patient recovered without an unfavorable symptom.

Case IV.—Strangulated inguinal epiplocele; 24 hours; operation; recovery. Ida R., aged 54, widow, house-keeper; has had hernia from childhood. It was formerly reducible, but for the last two years it has not been reduced. I saw her on August 28, 1883. Two days before this she had felt some slight pain in the tumor; on the next day this was quite intense. A small, firm, slightly elastic tumor occupies the canal of Nuck and the left inguinal region. There was no hiccough or vomiting. At 11 p. m. I cut down on the hernia, opened the sac and found it contained nothing but omentum. This was ligated at the ring; the mass beyond the ligature was cut away and the stump sewed into the edges of the intestinal ring. The patient recovered.

Case V.—Strangulated inguinal hernia; operation; recovery; September, 1883. Mrs. A., aged fifty, had a strangulated inguinal hernia of the right side. She had a hernia for several years. The symptoms of strangulation had lasted for twelve hours. The sac was opened, the intestine returned, and the patient recovered. Six weeks after this she was seen by me; was well and able to do work.

Case VI.—Right inguinal incomplete hernia, with symptoms of strangulation; three hours; operation; recovery. J. S., aged eighteen, grocer. I saw him on November 17, 1882. A tumor about one inch in diameter occupied the

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left inguinal canal. It was so painful to the touch that palpation was not allowed. For two or three days previously he had had a feeling of uneasiness and slight pain in this region. On the morning of November 17, while lifting a barrel of onions he was seized with a violent pain in the left groin and noticed that a tumor had suddenly appeared at this point. Putting him under ether I cut down upon the swelling, and after getting through the skin, fat, and deep fascia, introduced my finger into the canal when the tumor disappeared. The internal ring was patulous, easily admitting the point of my index finger. The patient recovered, and was discharged wearing a compress and spica bandage.

Case VII.—Strangulated inguinal hernia; twenty-five hours; operation; recovery. P. S., eighteen; United States; pocket-book maker; single; January 15, 1885. P. S. has had inguinal hernia on right side for one year, which was easily reduced. Yesterday, while playing ball at one o'clock, he felt a sudden pain in the inguinal region and noticed that his rupture had come down. Soon after this he was seized with vomiting, and has vomited eight or ten times since. He has had no movement from his bowels, nor has he been able to retain anything in his stomach. Patient has angular curvature in the dorsal spine from Pott's disease in early life, from the effects of which he has fully recovered, excepting the deformity. When I saw him the abdomen was tympanitic. There was great tenderness of the inguinal region. The tumor was about one and a-half to two inches in diameter and did not descend into the scrotum. At 2:30 p. m., under ether, I operated. The strangulation was at the neck of the sac. After the gut was returned into the abdomen I inserted the index finger to see if there were any adhesions, and discovered that a band of inflammatory new tissue extended from the peritoneum at the margin of the internal ring around the intestine, still constricting and occluding it. The gut was drawn out and this band dissected loose. The operation was completed and the patient recovered.

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Case VIII.—Strangulated inguinal hernia; about forty-eight hours; operation; recovery. Bertha Gertner, thirty-five years; Hungary; domestic; single; came under my care September 23, 1884. She had never had a symptom of hernia until the 21st of this month, when, after falling down stairs, she was seized with a cramping pain in the left inguinal region, which continued with great severity. On yesterday, the 22d, she vomited repeatedly. There is a tumor in the left inguinal region. It measures about two by three inches. Under ether the sac was opened; about a teacupful of dark fluid escaped, and the gut returned into the abdomen with great ease. Operation completed, and recovery took place without an unfavorable symptom.

Case IX.—Inguinal hernia of the left side, with symptoms of strangulation; operation; recovery. Ellen B., aged about thirty, domestic, in care of children. Two months ago noticed a swelling in the left groin, which would disappear after retiring to bed, and return as soon as she got up and went to work. Three days since the tumor became quite sensitive, and did not disappear that night. On the next day the swelling was very painful, and the patient vomited several times. No stercoraceous matter; bowels moved slightly. On the next day, March 31, 1885, at six p. m., at the request of Dr. J. Marion Sims, I saw the patient. There was a tumor about three and a half by two inches in surface measurement, tense and painful, occupying the canal of Nuck and extending well into the labium. A physician had tried taxis for an hour. I elevated her hips on pillows, gave a hypodermic of morphine, one-third of a grain, hot cloths locally, and left her until 8:30 p. m., when, no reduction having occurred, I operated. On opening the sac about two ounces of brownish red fluid escaped. Passing the middle finger into the sac and along the canal I found it went into the internal ring, which was patulous and admitted the finger to the fourth joint. I was not sure that it came in contact with omentum or intestine. The sac or cyst was lined with fibrine. The ring was sewed

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up, and the wound closed, with drainage. Patient recovered.

Case X.—Strangulated right inguinal hernia; operation; death from shock, ten hours later. June, 1882, a man about thirty-four years of age, was brought into my ward at Mt. Sinai Hospital. He had at that time a right inguinal hernia, which, from the description given, had been strangulated for forty-eight hours prior to his admission. He had had stercoraceous vomiting for twelve hours, hiccough, cold perspiration, and the pallor and pulse of profound shock. A physician had worked for four hours without success in an endeavor to reduce the hernia. The patient was in a condition of collapse. An operation offered the only hope of recovery. I etherized him, opened the sac, and after the circulation was restored to the intestine, returned it. The patient did not rally, and died ten hours later from shock.

Case XI.—Strangulated left femoral hernia. Operation; recovery eight hours after. Kathrine Gluckmann, aged thirty-five, in good health, fell down a flight of stairs in March, 1883, and noticed immediately afterwards a tumor in the left femoral region, which would disappear when she assumed the recumbent position. Six weeks later she began to wear a truss. At nine a. m., on November 28, 1883, while lifting a heavy wash-tub the hernia descended below the pad of the truss and became painful, irreducible and strangulated. At five o'clock, p. m., I operated by lamplight. The intestine was quite black. After waiting for half an hour after the strangulation was relieved, the circulation was restored sufficiently to justify a return of the intestine. A piece of the ilium about four inches long was in the sac. A mass of strangulated omentum, two inches long, was cut away. The stump of the omentum was stitched to the neck of the sac. The patient recovered without delay.

Case XII.—Reducible femoral hernia; operation; recovery; not cured; inability to retain it with any form of truss. Bridget McNalley, aged thirty-four, single, Ireland, domestic, came under my care March 10, 1884. Three and

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a half years ago she struck against an iron bed, injuring the right groin. She was seized with nausea and vomiting, and noticed a tumor at the inner side of the right thigh, which grew perceptibly larger on coughing or straining. A truss was applied at this time, which, however, did not retain the hernia. Several forms of truss were tried, but none were efficient. At this time the patient came to me insisting on an operation. I sent her to an expert truss-maker, who again applied a new truss, but with no better success than before. I then concluded to attempt a radical cure. Under ether I cut down on the seat of the tumor, and found the femoral ring as large as my index finger. I sewed the cribriform fascia to Gimbernat's ligament, and then dissecting up two flaps of skin on either side of the wound, with a Pacquelin cautery I destroyed the epidermis to the extent of half an inch from the margin of the incision, turned these edges into the ring and sewed them there. A compress completed the dressing. The patient recovered and was discharged, wearing a truss which retained the hernia perfectly.

Case XIII—June 12, 1881.—Incarcerated non-strangulated femoral omental hernia of the right side; operation; recovery. W. Vonder Wall, aged 42, laborer; family history of no interest, excepting in the fact that patient's father had hernia. Twenty years ago the patient noticed a swelling in the right groin, and soon after this had attacks of colic or cramps, the pain being very acute at this point. The lump would disappear at times and recur, as would the attacks of pain. When he would cough he would place his hand upon the swelling to keep it from coming out. Two weeks ago, while doing heavy work on a railroad, the tumor suddenly became larger and gave him so much pain that he had to quit work. The next day he vomited a great deal. Taxis was applied and a portion of the tumor returned. In June, 1881, I saw him. He could not wear a truss on account of the pain it produced, and as he was unable to work I advised an operation, which was done on June 12.

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The hernia was wholly omental, the greater portion of which was cut away and the remainder returned. The patient recovered and resumed his labor, wearing a truss with comfort.

A resumè of these cases shows that in the case in which a reducible femoral hernia, not capable of retention by any form of apparatus, was operated upon, the cure was not radical, but after the operation the hernia was easily and safely prevented from descending by wearing a comfortable truss.

In another case an irreducible femoral epiplocele to which it was not possible to apply a truss was reduced, and the patient was enabled to do heavy work, wearing a truss which prevented a descent of the hernia. The period of strangulation was in each case about 48, 8, 8, 7, 12, 3, 25, 48, and 48 hours for the hernia, and twenty-five hours for the epiplocele. Of the two deaths, both occurred in cases in which the strangulation had existed about forty-eight hours.

Without consuming time in any effort at a consideration of the anatomy, etiology, diagnosis and prognosis of inguinal and femoral hernia, I would offer the following conclusions as to treatment, based upon study and personal experience:

1. Every reducible hernia should be restored to the abdominal cavity and retained there by some form of truss. For incomplete or slight protrusions in patients who are not compelled to do heavy work, the elastic truss is most comfortable and safe. In all other cases the steel spring truss must be worn. The pad will vary in size as the character of the rupture may require. The hard rubber or wooden pads are preferable in the great majority of cases. A truss should be applied before leaving the recumbent posture, and should not be removed again until this posture is resumed.

2. Incarcerated non-strangulated omental or intestinal hernia demand surgical interference, when the chances of the recovery from an operation are, in the opinion of the

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surgeon, greater than the risk involved. In patients in active life the presence of such a rupture is a constant menace to life and usefulness. The tendency is to increase in size and ultimately to become strangulated, and when this accident does occur the chances of recovery are diminished, owing to the extent of the dissection and the shock of strangulation. In old persons, of enfeebled organizations, necessarily retired from active physical employment, an operation is not advisable unless strangulation is imminent. The details of the operative procedure are practically the same as in strangulated hernia, and will be given further on.

3. Reducible (non-strangulated) hernia which cannot be retained, or are with difficulty and only partially held in by the aid of a truss, demand surgical interference. In femoral hernia the operation described heretofore will be advisable. In inguinal hernia only two of all the methods intended for the radical cure should be entertained, viz: Heaton's operation, and the direct incision. Of these two I prefer Heaton's method, which I have practiced six times, as follows:

The integument within a radius of three or four inches of the internal ring is cleanly shaved and washed with soap, then with ether, and, lastly, with sublimate solution, 1-2000. The patient is in the recumbent posture, with the pelvis elevated on pillows until gravity carries the intestines away from the vicinity of the inner ring. A syringe made for this purpose is filled with nineteen minims of the following solution, to which one minim of carbolic acid is added: Extract of quercus alba, fourteen grains; fluid extract of quercus alba, half ounce. Mix over a hot water bath. One-eighth grain of sulphate of morphine may be added to each injection.

The needle of this syringe is sharp at the end, and one-eighth of an inch from the point are two holes, from which the fluid escapes. In order to insure the exclusion of air, the instrument is held perpendicularly and the piston forced

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up until a bead of the injection matter stands on the point of the needle. Being thus prepared, the operator carries the index finger of the hand most convenient to himself into the canal, invaginating the skin through the external ring, and up the canal until the outlines of the inner ring are appreciated by the finger tip. With this finger resting here the point of the needle is introduced exactly over the centre of the internal ring, and enters perpendicularly to the plane of the abdomen at this point. When the impact of the needle point is felt by the tip of the index finger, which serves as a guide to the ring, the finger is slightly withdrawn, so that the skin, which has been carried ahead of it, may not be transfixed. The needle is now in front of the internal ring and outside of the peritoneum. Pressure is made upon the piston, and about three minims of the fluid expelled, and this manœuvre is repeated by carrying the point of the needle a half inch to the right, left, above and below this centre. The finger is now withdrawn, and the needle is made to follow it down to the external ring, discharging the remainder of the fluid in its track. When the instrument is removed, a pellet of iodoformized gauze is placed over the puncture, and over this a compress of sublimate gauze, cotton, and a spica bandage. The patient retains the dorsal decubitus from ten days to two weeks, not even being allowed to sit up in bed. The pain is insignificant, and the inflammatory process which supervenes is mild. In three or four days a hard, round, indurated mass of embryonic cells will be found to occupy the canal and tissues immediately adjacent. This generally disappears, and at the end of a month all traces of the process will have disappeared. A truss, with a wide soft pad, should be worn for a period varying from three to six months after the operation.

4. When a hernia is suddenly incarcerated with symptoms of commencing strangulation, an effort at reduction is demanded. Taxis, as generally recommended and described in the text books, and too often practiced, is of doubtful

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propriety. In a case of true strangulated hernia, it is positively to be condemned. The following case from my note book will illustrate the symptoms of incarceration without strangulation, and the proper method of treatment:

Case XIV.—Incarcerated, incompletely strangulated, inguino-scrotal hernia; reduction. John Gross, aged thirty-seven, single, a native of Germany, cook, came under my care January 31st, 1885. He had had a complete inguinal hernia of the left side for two years; had worn a truss, but removed it because it annoyed him. The hernia would come down, but was reducible. Two weeks ago it suddenly became larger, and could not be returned. At this time, he vomited on several occasions. He was put to bed, hot cloths were applied, and at the expiration of three hours, the gut went in without taxis. To-day, January 31, 1885, the hernia again descended, with the same symptoms as just related, except the vomiting. Nine hours later I saw him. There was a complete inguinal hernia of the left side, measuring about eight by five inches. The diagnosis of incarceration without complete strangulation was made. The foot of the bed was elevated about twelve inches, the thighs were flexed upon the abdomen, warm cloths were applied, and ten minims of Magendies were injected beneath the skin. The mass returned without taxis in five hours. The patient was discharged in good condition.

5. The diagnosis and treatment of strangulated hernia. The chief symptom of a non-strangulated, as well as of a strangulated hernia, is the presence of the tumor, and while this is almost always easy of recognition, I have known of cases where no protrusion was evident to sight or touch. In one of these cases, one side of the wall of the small intestine was strangulated in the internal ring. The lumen of the gut was about two-thirds secluded. The symptom second in frequency is pain at the seat of lesion. This pain of hernia is usually compared to that of cramp colic, and when not intensified in the neighborhood of the strangulation, it is referred to the umbilical region. The symp-

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toms of occlusion are more remote, and while very strong in a diagnostic point of view, are not of such importance practically, because a diagnosis should be made, and treatment instituted, before the effects of obstruction are made evident to the senses. The cessation of fecal discharges may not occur in intestinal obstruction for several days after the occlusion, when the small intestine alone is involved, since the contents of the bowel below the constructed point may be evacuated. The vomiting of recently ingested food or drinks, followed by stercoraceous matter, is the last and strongest evidence of occlusion. Distension of the abdominal walls, with tympanitic resonance is, when taken in connection with other symptoms, a strong link in the chain of symptoms which make the diagnosis conclusive. Hiccough is present in many cases, but is apt to be one of the later evidences of obstruction. Shock, that condition of the human economy in which, as a result of an emotion or injury, the functions of the nerve centers are more or less completely suspended, is present in a varying degree in almost all cases of strangulated hernia. It may expose itself in one or all of the following features: Rapid and weakened pulse, occasionally missing a beat, and at times varying in exacerbations of rapidity and slowness; coldness of the skin, with unnatural perspiration; lack of facial mobility, the only expression being that of pain and anxiety.

In omental hernia, the pain is not so intense, nor tympanitis so marked, as in intestinal hernia. Symptoms of occlusion are always absent. Intestinal hernia is spherical, tympanitic, and elastic. Omental hernia is irregular in shape, doughey to the touch, and not tympanitic. The operative treatment of strangulated hernia is one of the most important questions in surgery, and the operation itself one of the most difficult. The following is the rule of practice which I have followed for the past five years:

When the history of strangulation does not date back more than six hours, I place the patient on his back with

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the pelvis elevated so that gravity will carry the intestines and omentum toward the diaphragm. The legs are flexed on the thigh, and the thigh on the abdomen. While in this position the parts over and around the tumor are lathered and shaved. The hernia is then carefully examined, great care being taken not to use any force or violence in any effort at pushing the contents of the sac back into the abdomen. Taxis should not be allowed. In my opinion the injury done by ill-advised taxis, and the valuable time lost by the almost invariably futile efforts at reduction by taxis, stand responsible for more deaths in cases of strangulated hernia than can be possible with the knife in skilful hands. The longer my list of cases grows, the more I am convinced that the knife is the patient's best friend in this emergency. While this is being done every thing should be made ready for operation so that no time may be lost. The patient, still in the position above indicated, is narcotized with ether, and when fully under its influence, he is lifted by the legs and inverted until he is almost half way between the horizontal and perpendicular positions. If after five minutes in this position, under the complete relaxation of ether, the hernia is not reduced, the operation is begun.

The reduction of a true strangulated hernia is rare. When effected a compress should be applied and the dorsal decubitus maintained. It must not be forgotten that a hernia which is reducible may still be strangulated, and if after reduction the symptoms of occlusion still persist, the abdomen should be opened and the obstruction sought for.

When a strangulated hernia is seen within the first hour or two after the accident the postural method should be commenced, hot cloths applied, and relaxation secured by complete morphine narcosis. If, when the six hour limit is reached, reduction has not taken place, operation should be made. In this class of cases manipulation of the tumor should be carefully done, if at all.

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THE OPERATION.

The pubis and hernia region having been shaved, should next be washed with ether and then with 1-2000 sublimate solution. The patient, fully under ether, should be placed upon a table nearest the edge most convenient for the operator. Towels wet in warm 1-2000 sublimate should be laid around the tumor, leaving a surface of about eight inches in diameter uncovered. The instruments used should be submerged in 1-20 of carbolic acid. The incision should be long and free in the long axis of the tumor, and the center should be about an inch below the supposed point of strangulation, which, in nearly all cases of inguinal hernia, is near the internal ring, and in femoral hernia is at Gimbernat's ligament.

I prefer to make the first incision by pinching up the skin and fat in a fold which is at a right angle to the line of incision, and while an assistant holds one side of the fold the operator holds the other and transfixes the fold through its deepest part with a curved, sharp-pointed bistoury, cutting upward. The remainder of the dissection is made with a scalpel. All hemorrhage should be arrested by the ligature as fast as a vessel is divided. The wound should be irrigated with 1-3500 sublimate every few minutes during the operation. The tumor should be directly approached until the sac is entered. The first difficult point in the operation is the recognition of the sac wall. It is safe to cut carefully down until through the puncture of the sac a yellow or brownish-black fluid escapes. I have never yet seen an operation where there was not enough fluid between the hernia and the sac to demonstrate its presence. When this fluid begins to escape, a grooved director, with a very dull point, is inserted through the puncture, and the sac further divided until the finger can be admitted, when it is introduced and the sac divided in the entire extent of the tumor. At this stage of the operation the contents of the sac are clearly in view. The finger of the operator's left hand is now carried toward the constriction, palmar surface

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upward, and the nail slipped under it. Holding the intestine out of the way, a long probe-pointed bistoury is carried flatwise along the palmar aspect of the finger until the dulled point passes between the sharp edge of the ring and the nail. The edge is now turned upward against the ring and pressed against this by the finger upon which it rests. The direction of this cut is upward and very slightly inward in inguinal hernia; directly inward in the femoral variety. It should not extend beyond the eighth of an inch. In femoral hernia the inner attachment of Gimbernat's ligament should be lifted from the bone, rather than cut. This precaution is especially wise in females. In my dissections I found that while in females the obdurator artery was derived from the deep epigastric in about 50 per cent. of cases, in males it is from this source in one out of every four to six dissections. In twelve fatal cases from division of this vessel, in eight of which the sex was obtainable, all were females. The finger nail is usually sufficient to enlarge the opening after the first few fibres are divided.

As soon as the strangulation is relieved the wound should be covered in with towels dipped in warm 1-3500 sublimate, in order to determine whether the circulation can be re-established or not. The color of strangulated intestine varies from pinkish-grey to a black, motley color. The contents of a hernial sac should not be returned into the abdomen unless the color changes to a healthy intestinal red after the strangulation is freely relieved. If, after from five to twenty minutes, the circulation is established, reduction should be made. In accomplishing this, posture is important, and the intestine should be carefully pushed in between the thumb and finger. Once returned, the ring should be stripped with the finger or a sponge, so that blood on the contents of the sac may not run into the peritoneal cavity. It is my practice not to remove the left index finger from the ring until it is gradually forced out by the sutures. If omentum is contained in the hernia it should be transfixed at the neck of the sac with a large double catgut ligature,

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tied both ways, and the mass beyond the ligature cut off. The stump should also be returned into the cavity, never stitched into the opening. This accomplished, the sac requires attention. It is also transfixed at the internal ring with a large double catgut and tied on both sides securely; all that part beyond the ligatures is cut off. The cut end of the sac is now stitched with catgut to the edges of the internal ring. In this operation I employ strong catgut sutures. In the first row the needle is made to transfix the edge of the ring, then through the sac and up through the opposite margin of the ring. These sutures are tied, and the ring tightly closed, so that the escape of fluids into the peritoneum is impossible. The last sutures, which are of silk or silver wire, include all the tissues from the skin to the deepest portion of the wound. The wound is again thoroughly irrigated, a Neuber's bone drain is inserted, so that the end leads out of the deepest portion. Iodoformized and sublimate guaze, with a spica bandage, completes the dressing.

In case the intestinal wall is broken down, or is so nearly reclosed that its return into the cavity of the abdomen is attended with danger of rupture of the gut and escape of its contents, two alternatives present themselves, viz: to leave the intestine protruding, an artificial anus; or to exsect the inclosed portion and sew the ends together with Lambert's suture. If the patient is in good condition, and especially if he is in the prime of life and usefulness, I am in favor of exsection. If, on the other hand, he is in danger of collapse and death, from prolonged strangulation and the operation, and moreover, if he is, by reason of age, removed from the sphere of active usefulness, safety demands an artificial anus at the seat of the hernia.

Exsection is performed as follows: Release the strangulation as above described, and draw out both ends of the bowel until six or eight inches of sound gut are exposed. Throw a loose loop of disinfected tape around each end of the intestine near the ring, to prevent the possibility of re-

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traction or escape inwards. It will not be necessary to occlude the bowel with the ligature, as the escape of fecal matter, if it can pass through the ring, is outside of the wound. With sharp scissors divide the intestine squarely across at each end of the limit of necrosis and cut the peritoneum from its attached border. Ligate all bleeding points in the mesentary. The very finest, slightly curved needles, armed with fine, black antiseptic silk, are used to sew the ends of the gut together. The most commendable suture is Lambert's. Enter the needle through the peritoneal layer of the intestine a quarter of an inch from the cut edge, and carry it between the peritoneum and mucous one-eighth of an inch, the point emerging one-eighth from the cut edge. It is then carried across to the corresponding point on the other end of the divided intestine, and made to enter one-eighth of an inch from the edge and pass one-eighth of an inch between the peritoneal and mucous layers. This suture is held aside, and a similar one is placed about one-eighth of an inch distant from this, and so on until the entire calibre of the gut is included, when each one is tied separately. By this process the peritoneal layers are invaginated and brought in contact, and the intestine is rendered air tight. After irrigation the loop is returned to the abdominal cavity and wound closed, as before described.

When it is desired to establish an artificial anus, the strangulation is relieved in the manner given above. It may not be necessary to stitch the intestine in place, since the adhesions are often sufficient to maintain it in position. An opening should be made along the convex surface of the loop.

When the acute symptoms have subsided, the well known operation of Dupuytren should be instituted to destroy the promontory or septum between the upper and lower end of the intestine, which, when accomplished, will turn the tide of fecal matter in the direction of the rectum and permit the closure of the wound by the process of granulation.

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HYDROCHLORATE OF COCAINE AS A LOCAL ANÆSTHETIC IN EYE-SURGERY.

BY WILLIAM H. SANDERS, M. D., OF MOBILE,

Senior Counsellor of the Medical Association of the State of Alabama; Censor and Member of the Committee of Public Health, M. A. S. A.; Professor of Opthalmology and Histology in the Medical College of Alabama.

Since Koller announced that hydrochlorate of cocaine possessed marked local anæsthetic effects, articles have appeared "thick and fast," both in the medical and secular press, confirmatory of the valuable discovery.

It is not the purpose of the writer to add another article on this subject, describing the history of the discovery, the botanical properties, and chemical manufacture of the drug, for all this has been amply and well done; but the intention is to report the following cases, merely with the view of swelling, as far as they may, the large amount of testimony already accumulated in verification of what the discoverer claimed for this alkaloid, and also of helping to determine the conditions in which it is most applicable and efficient.

The cases included in the report have been so selected from my record book as to represent the variety of conditions and operations in which I have up to this time had an opportunity of testing the drug, and do not comprise all in which I have used it. Repetitions of the same kinds of cases occur in the report, but only so far as is considered necessary for more completely illustrating the effects of the medicine. The only point to the settlement of which it is proposed to apply the tests detailed below, is: To what ex-

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tent was local anæsthesia obtained by the use of hydrochlorate of cocaine? Therefore, the reports of the cases are not intended to be complete in other respects. Like many others, I experienced considerable delay in procuring a specimen of the drug, so scarce, and in such demand was it; but when a small supply was finally obtained, I must confess that I commenced my experiments feeling that the very favorable accounts of the effects of the drug I had read, although from the most reliable sources, were too good to be realized. The sequel will show how reassuring my experience proved:

Case I.—A young man, aged eighteen, applied on account of a train of symptoms affecting his eyes (the left more than the right), the cause of which was obscure until a small foreign body was discovered imbedded in the left cornea. Although he had not given any history of having been struck in the eye with a foreign body, yet, upon being interrogated, remembered that some months previously he had been struck in the face with some sand and gravel, some of which was received in one of his eyes, from which he suffered very much for several days. A drop of a two per cent. solution of cocaine was put in the left eye every few minutes until four or five had been so used, and the foreign body was removed without the least manifestation of pain on the part of the patient, and with entire relief of the train of symptoms alluded to.

Case II.—A machinist called, with a piece of steel imbedded in the right cornea, which had been there for forty hours, and had produced great pain and irritability of the injured eye, and intense photophobia of both eyes. A two per cent. solution of cocaine was used. It was dropped in very freely every few minutes for fifteen minutes. In less than five minutes after the first drop was put in, the patient was able to face the light, and felt much relieved. Just as I was ready to extract the foreign body, a physician came in, to whom I said: "You are just in time to see the new anæsthetic tried." After the operation was completed, I

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made some remark to the physician, which the patient heard, and from which he understood that the foreign body had been removed. He immediately turned, and, in much astonishment, asked: "Have you touched my eye?" The operation had been so entirely painless that he was unaware that it was going on. He then described the terrible sufferings he had experienced in previous similar operations, and naturally expected to undergo something of the same sort on this occasion. Hence his astonishment when he learned that the operation had been completed without his knowledge.

Case III.—A brick mason applied, with a piece of steel imbedded in the right cornea. A two per cent. solution of cocaine was dropped in the eye at intervals of but little more than one minute. In three minutes after the first drop was put in, the foreign body was extracted without pain. Those who know how intensely painful operations of this kind are, will appreciate what a boon the cocaine must be.

Case IV.—A man, aged fifty, with pterygium of the right eye. A two per cent. solution was freely dropped in the eye for twenty minutes, when the pterygium was excised. The patient suffered some pain, but it was much modified by the medicine.

Case V.—This was a precisely similar one to the previous case, and the anæsthetic effect of the medicine the same. It was afterwards believed that the solution used in these two cases had become somewhat deteriorated.

Case VI.—A man, aged forty-nine, with a convergent strabismus, which had existed since he was three years old, and was excessive, measuring more than 4'''. A four per cent. solution was freely dropped in the eye for twenty minutes—in fact, the eye was kept bathed in the solution for that time. The operation was then executed, and absolutely without pain. The only sensation which the patient experienced was that of a "little pressure," as he expressed it, when the muscle was divided. A second operation was

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required in this case to completely correct the squint, in which the anæsthesia was as complete as in the first operation.

Case VII.—A girl, aged twelve; convergent strabismus of right eye of 3''' or more. A four per cent. solution was freely used for twenty minutes, when the operation was executed, with very slight pain—so slight as to be inconsiderable. One operation completely corrected the squint.

Case VIII.—Woman, aged seventy-three; double senile cataract; four per cent. solution freely used for twenty minutes; both eyes operated on at the same sitting; no pain complained of in first operation. In operating on the second eye some pain was felt during the execution of the iridectomy. Very excellent result obtained in both eyes.

Case IX.—Man, aged sixty-four; senile cataract of left eye; four per cent. solution freely used; operation painless and smooth throughout.

Case X.—Man, aged seventy-eight; senile cataract of right eye; same solution used and same effect obtained; result all that could be desired. I might add that the operation in all of these cases of cataract was done according to the Græfe method.

Case XI.—Boy, aged fifteen; soft cataract of both eyes; operations by divisions, and wholly without pain. Result perfect in both eyes.

Case XII.—Man, aged sixty-five; complete occlusion of pupil and posterior synechia from an old iritis; operation, iridectomy; four per cent. solution of the cocaine freely used for twenty minutes. Patient suffered great pain during the operation.

Case XIII.—Woman, aged fifty-seven; case precisely similar to the foregoing, and same operation done after the use of the cocaine solution in the same way. Patient did not complain of pain.

Case XIV.—Man, aged forty; deposit of acetate of lead in right cornea, the result of the use of a solution of this medicine during the existence of an ulcer of the cornea.

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As the deposit extended deeply into the cornea the ulcer had evidently been a deep one. The cornea was kept bathed in a four per cent. solution of the cocaine for twenty or thirty minutes, when the deposit was "scraped out," absolutely without pain. In order to remove all of the lead the scraping had to extend nearly through the cornea. Several drops of the solution were used at intervals during the operation.

Case XV.—Man, aged twenty-eight; deep opacity of cornea, the result of a burn; operation, iridectomy, to make artificial pupil. In spite of the free use of a four per cent. solution of the cocaine, this patient suffered considerable pain.

Case XVI.—Girl, aged eight; polypus of conjunctiva. After the free use of a four per cent. solution of the cocaine the growth was excised without pain.

Case XVII.—Man, aged forty-two; deep ulcer of the cornea, occurring in the course of a conjunctivitis. The pain and photophobia, caused by the ulcer, much, and promptly relieved by the cocaine solution.

Case XVIII.—Man, aged sixty; severe neuralgia around the orbit, apparently involving some of the terminal branches of the fifth pair of cranial nerves. The hypodermic injection of ten drops of a four per cent. solution of cocaine at the seat of pain always afforded prompt relief, which continued for some days.

Case XIX.—In several instances in which parties applied for the removal of foreign bodies from the conjunctival sac, but in which, upon thorough exploration, none could be found, the symptoms passed off after the use of a few drops of the cocaine solution.

From the above cases, we are justified in drawing the following conclusions:

1. In all operations on the conjunctiva, hydrochlorate of cocaine fully meets the requirements for an anæsthetic, and virtually abolishes pain. Its influence extends through the conjunctiva to the attachments of the muscles.

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2. In all operations on the cornea it answers an equally good purpose, its effect extending entirely through the corneal substance.

3. In operations upon the iris it does not entirely abolish pain, if simply dropped over the exterior of the eye-ball, but in some cases reduces it to a minimum, and in the majority of cases materially modifies it. In one case in the series here reported it seemed to have no anæsthetic effect on the iris.

4. In an iridectomy done *per se* it seems to exert less anæsthetic effect upon the iris than in an iridectomy done in the course of an operation for cataract. The reason for this is not obvious, unless it be that in the latter operation the incision through the cornea being much freer and more gaping than in the former, the iris is correspondingly easier drawn out and excised.

5. In eye-surgery anæsthesia by hydrochlorate of cocaine should be the rule, the exceptions in which it would be necessary to employ chloroform or ether, being very limited.

In no instance in which I have employed the cocaine have I seen the least unpleasant effects from it, although in some of the cases it was very freely used, indeed, lavishly. I have seen reports of cases by others in which unpleasant effects were ascribed to it, but in none of the cases did it seem to be perfectly clear that the medicine was to blame. Other explanations, quite as plausible, might be suggested. The fact that an operation for cataract, done under the use of cocaine as an anæsthetic, proves a failure should not be charged to the medicine until it has occurred sufficiently often to constitute evidence entitled to weight. Cataract operations failed in some cases before cocaine was ever known, and are likely to continue to fail occasionally after, and not on account of, the use of the drug. Patients, after having gone through with an operation in regard to which they have been under considerable tension or excitement, have been known to fall into a collapsed state without any cocaine having been used. In order to ascribe an effect of

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this sort to cocaine, it would be necessary for it to happen sufficiently often after the use of the drug to fairly establish the relation of cause and effect; otherwise a coincidence may be mistaken for a cause.

I have used cocaine with very happy effects in some cases of ear and throat diseases, but to include them in this report would lead me outside of the title of my paper. I need hardly add my encomiums of this drug. It is a blessing to humanity beyond all measure, and deserves to be ranked among the munificent gifts which science has conferred upon man. The world should accord to its discoverer that unbounded gratitude and wealth of fame commensurate with a service capable of abolishing so much pain and suffering.

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SOME OBSERVATIONS ON CONTINUED FEVER.

BY JAMES A. WILKINSON, M. D., OF FLOMATON, ESCAMBIA COUNTY, ALABAMA.

The attention of the medical profession of Alabama has been much occupied by the observation of continued fevers, and much discussion has resulted, developing conflicting opinions as to the nature of a continued fever that prevails here, which has more or less of the clinical history of typhoid.

It is an interesting fact that in all of our new, or comparatively new, States, very few physicians will unhesitatingly say they meet any typhoid fever in their practice. Can this be due to the modifying influence of malarial poison upon other concurrent affections? Or, is it owing to unskilled examinations and defective judgment? Or, can the suggestion, rather doubtingly made by Flint, Loomis, and more positively by Cabell, have good foundation, that malarial fevers give place to typhoid fever? I have treated several cases in southern Alabama during the past four years, which I consider typical cases of typhoid fever, and have had more cases of a continued fever, that by many would be classed as adynamic malarial fever, but which I denominate, in agreement with Woodward, Loomis and others, typho-malarial. During the past two months I have had four cases in my practice, which present new symptoms in my experience, and of which I derive but little satisfaction from medical literature. Unfortunately, not a single case has been seen by me at its inception, consequently I have had to rely upon friends of the patients for their early histories. Three report severe arthritic pains, hyperæsthesia of abdominal walls and inner surface of the thighs, more or less moderate

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swelling of the joints; all report nausea, considerable thirst, variable condition of the bowels, though constipated generally, yet easily acted upon by laxatives. When I have been called from the sixth to the fourteenth day of confinement to bed, I have in no case found the sublingual temperature to exceed 102.5° F., but slight swelling of the joints, no hypertrophy of liver or spleen, bowels easily moved (sometimes to excess) by dose of salines, some tympanitis, pressure a little painful over cæcum; kidneys acting fairly, urine of an acid reaction, highly colored, clear trace of albumen appreciable. The respirations ranged from 24 to 32. No abnormal condition of heart discoverable. In one, found pneumonitis of inferior lobe of right lung. Pulse but little increased in volume or frequency; no rose-colored spots.

The only case which I had an opportunity of seeing daily was that of Charles O., fireman on the P. & S. R. R., aged twenty-five; native of New York; came south, three months before his illness, from Dakota. He had been ill enough to be confined to the bed for fourteen days before the case came under my care. Had, up to that time, been in Pensacola, where he had had no treatment, except by non-professional friends. Said he had been freely purged by calomel, and that his eyes were quite yellow when first attacked. When I saw him there still remained a little of the discoloration of the conjunctivæ; (no other case presented any appearance of jaundice). Found the morning temperature 101.5°, pulse 65, soft and of the character termed typhoid. Evening temperature, 102.7°; pulse 72; anorexia; tongue was heavily coated in centre brownish-white, moist, tip and edges deep red. The next day the tongue was dry, glazed and cracked, though there was no change in temperature or pulse. The gums were considerably swollen and of scarlet color. No ptyalism. No hemorrhages had occurred, nor did there, subsequently. The other features of this case were in correspondence with those previously stated. For thirteen days of my attend-

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ance there was a regular morning remission of at least one degree of temperature and a corresponding evening increase. In two instances the morning temperature was 99.5°, pulse 59. Once, when constipated, with considerable gaseous distention of bowels, four drachms of phosphate soda caused thirteen dejections, of a pea-soup appearance. Bowels were readily controlled by opium. No treatment seemed to influence the thermal rise and fall, or change the appearance of the tongue, until finally I increased the dose of quinine to twenty grains, three times daily, given so as to anticipate the evening exacerbation. On the second day so given, temperature at five p. m., 99.6°, yet for three days thereafter, although thoroughly cinchonized by the same amount of quinine, fever continued, with an elevation of temperature of about one degree. Total duration of the fever, thirty-two days.

One peculiarity of this case (not present in the others), was: at no time during my attention was there any complaint of pain, or inability to sleep. I use a Yale-tested thermometer, verified on healthy persons.

Immediately after the reading of Dr. Wilkinson's paper, Dr. Sholl said:

In my judgment we have in this paper the outlines of a fever which in all its details presents a closer likeness to typhoid fever than anything else. It gives me here an opportunity to revert to a subject presented by me to the Association in Mobile in 1882, in reference to "a proposed method of abbreviating the duration of curable cases of typhoid fever." In the fall of that year Dr. Conrad Wall, of Forest Home, Butler county, Alabama, wrote to me in reference to an epidemic of typhoid fever very prevalent and very fatal in that section of the county. He and other physicians followed the advice I then gave them to pursue the plan indicated in that article. This morning, before opening the omnibus discussion as its leader, he said to me that the plan then advised by me was carried out by himself and other physicians with the happiest results. The

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cases subjected to this treatment in comparison with those otherwise cared for were abbreviated and the mortality rate greatly diminished, the change being so marked that they felt the favorable results were due to treatment and pursued the course to the end.

As several years have elapsed, and there are some present who desire to know the details, I would say that finding an adult in the first few days of a recognized case of typhoid fever, as indicated by temperature and surroundings, I give at once forty drops of laudanum. I follow this in sixty minutes with forty grains of ipecac mixed in water. This process is repeated every twelve hours; diminishing the daily dose as improvement is manifest, or discontinuing it if it is not apparently gaining control over the disease, in four or five days. No other medicines are given; the usual milk diet is given as the stomach becomes tolerant of it. To children, proportionate doses are given. If it fails to in any way control the disease, so far it has never in my hands done any harm, and is exceedingly appropriate in that class of cases where the invasion is violent. Cases treated in the same house at the same time, by this and other means, have given such comparatively favorable results in abbreviation and limitation of complications as to, at least, render the further trial of this plan as worthy of our consideration. Of course it will take time and large aggregate of cases to reach anything like a definite and fixed opinion upon this important matter, but the boundaries of our knowledge are not as yet circumscribed, and in some path, yet untrodden to any extent, we may find valuable additions to our methods in the management of disease.

Since 1859 I have kept a record of 114 cases of typhoid fever. Living and practicing from 1856 to 1883, in a malarial country where fevers of that type largely prevailed, I soon learned to recognize the essential difference between the two types of disease, and have rarely been at a loss to decide when called to treat them. Eliminating with mercu-

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rials freely, with opiates and quinine added, from the very beginning, it was a case of rare occurrence in our malarial fevers, save those of violent congestive or hemorrhagic type, that did not respond to treatment in from forty-eight to seventy-two hours, and thus give a defined diagnosis. In my time I have met but few cases of continued malarial fever, and these were generally the result of want of treatment or slack treatment at the outset. I speak simply of my own experience in a malarial belt, and, of course, am not prepared to controvert the observations of others in similar localities whose opportunities for observation have been as large, or larger, than my own. I simply express my own views.

Each individual in his sickness is a law to himself by his idiosyncrasies, hence, with a disease as protean in its forms as typhoid fever is, we cannot measure any one case exactly by another, or suggest any type or form from which the cause at work may not produce great variations. Patient study and careful watching of our cases will generally enable us in a few days to decide most positively when we have a case of typhoid fever to deal with. This decision being reached, a wise judgment will lead us to adopt the means to the end sought.

Dr. Andrew Bowie, of Benton, then said: The gentleman from Birmingham (Dr. Sholl) has spoken of a number of cases of fever, not less perhaps than one hundred and seventeen, all of which he proposes to designate as true typhoid fever. Now, to this I do not object, so far as it relates to the cases that came under the observation of Dr. Sholl, but I crave the indulgence of this Association while I briefly refer to my own experience in the diagnosis and treatment of a fever which has often occurred in my practice during the last few years, and which I have not hesitated to designate as typho-malarial fever. This fever does not accord with the symptoms of typical typhoid fever, as laid down in the books by Dr. Wood and other authors

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of high repute. In a large number of cases, I have not seen a single one in which the tongue presented the appearances that invariably manifest themselves in connection with the tongue of a typical case of typhoid or enteric fever. Besides, the tongue, as I have found it in those cases of typho-malarial fever, has presented a variety of appearances which indicated clearly to my mind the difference in the character of the cases. In some cases, and perhaps much the larger proportion of them, quinine, while it does not abort the fever, as in a true malarial fever, still does do good; so that I am led to conclude, that in this class of the cases, the malarial element is in excess, while in the other and smaller proportion of the cases quinine does little or no good. Hence, in these cases, I take it that the typhoid element prevails, and more especially as in this class of cases the bowels are more disturbed in one way or another. And in passing, I will just mention that in not one of the cases observed by me has there ever been any trouble on account of loose bowels, but on the other hand, I have almost invariably had to contend with constipation more or less throughout the entire sickness of my patient.

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The next Annual Meeting of the Medical Association o the State of Alabama will be held in Anniston, Calhoun county, on the second Tuesday in April, 1886, at 12 o'clock, noon, and continuing four days.

Each county is entitled to send TWO DELEGATES. The assessment upon the County Societies is ONE DOLLAR for each member, exclusive of Counsellors and Delegates, the former of whom pay the ONE FEE of TEN DOLLARS, and the latter FIVE DOLLARS. Further particulars will be found in the Annual Circular Letter of the Secretary, to be issued March 1st, 1886.

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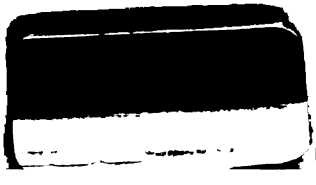

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